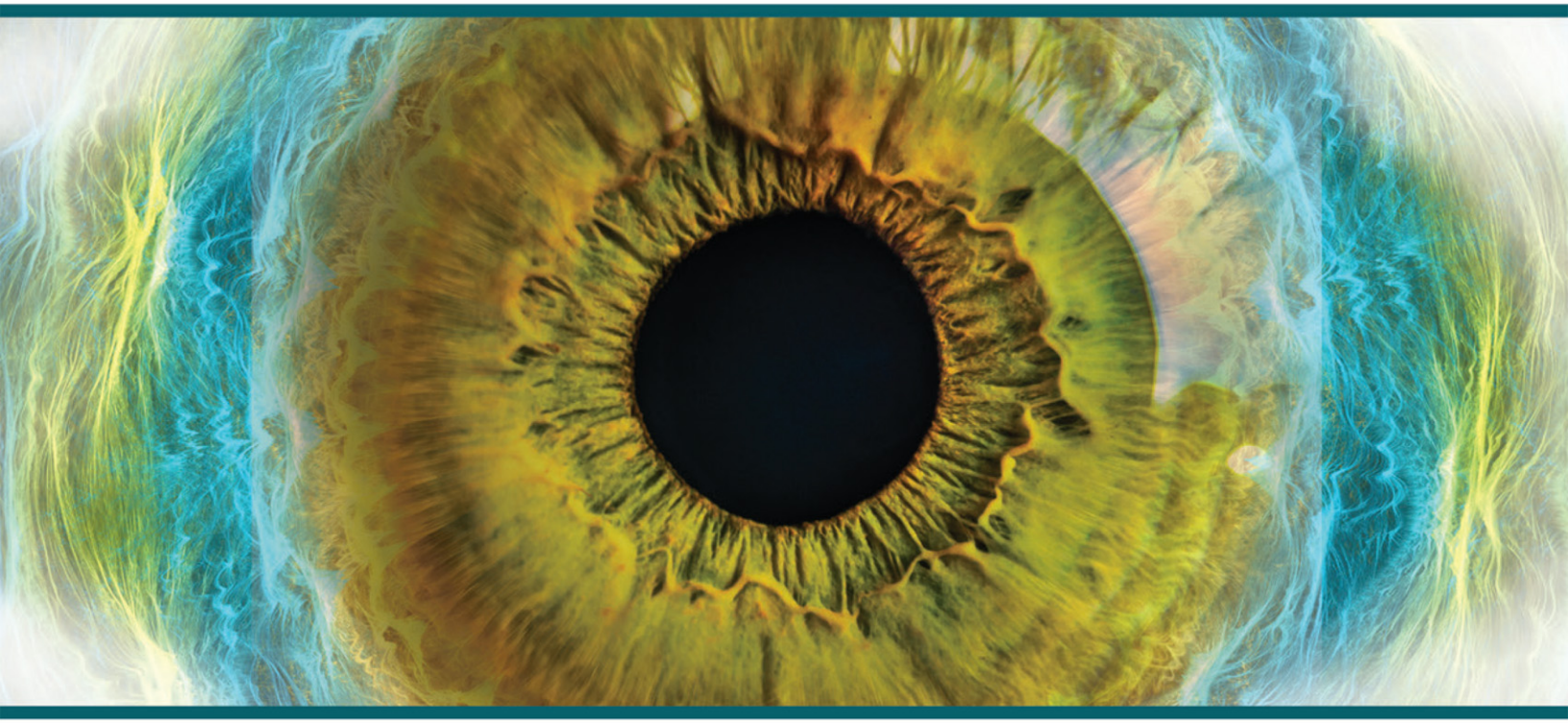
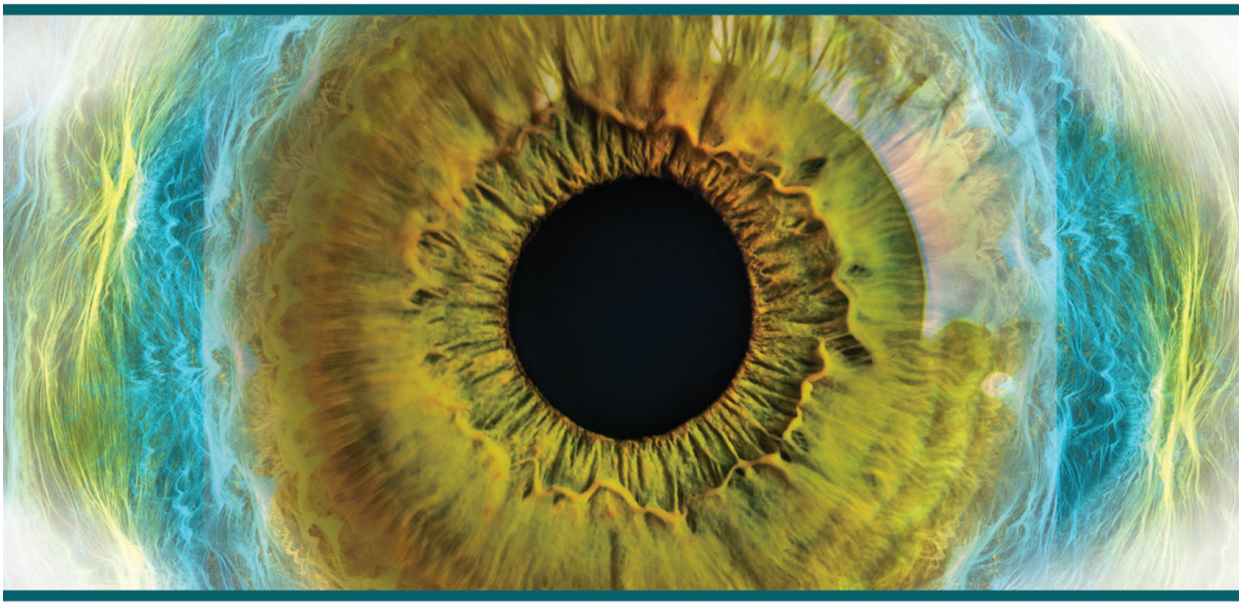
The Foundations of Iridology



The Eyes as the Key to Your Genetic Health Profile

Gustau Pau

The Foundations of Iridology



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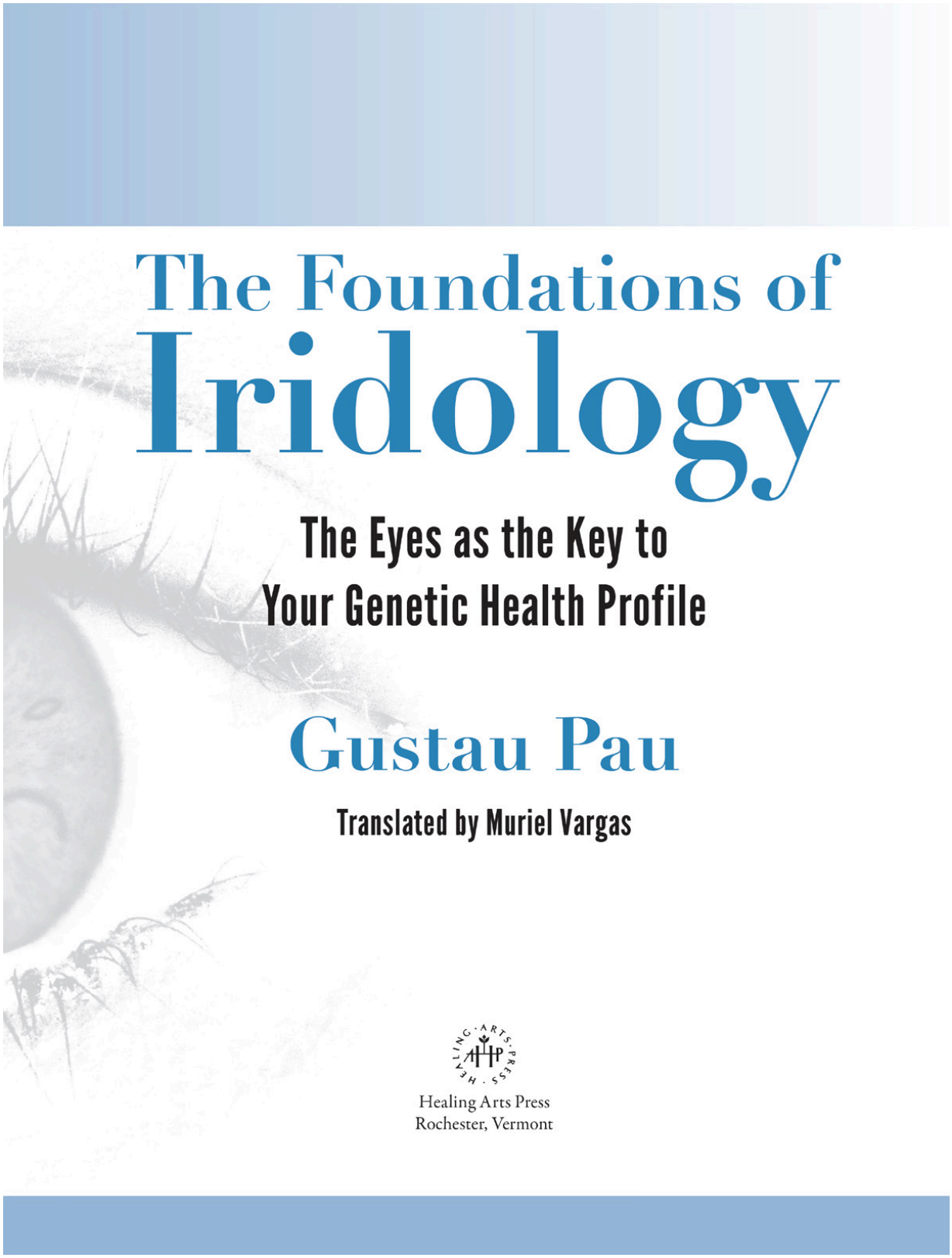

The Foundations of Iridology

The Eyes as the Key to Your Genetic Health Profile

Gustau Pau

Translated by Muriel Vargas

Healing Arts Press
Rochester, Vermont

To my real-life heroes, my parents Magda and Gustavo, who gave the best years of their life to work, in silence, during the difficult times of the 1950s, ’60s, and ’70s.

Acknowledgments

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Adriana Ortemberg,
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and Marian Sáenz.

Thank you also to my iridology professor,

Heinz W. Schmidt.

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Foreword

Naturopathic medicine in Spain has experienced great technical and academic progress in recent times, which can be observed by the establishment of prestigious educational institutions devoted to it, like the Heilpraktiker Institut in Barcelona. For the past few decades these institutes have been teaching, researching, and publishing information in prominent journals and high-quality books, like this text on iridology by Professor Gustau Pau, which includes historical background, numerous clinical reports, and a renewed vision of this diagnostic naturopathic discipline, highlighting its use as a valuable tool for evaluating patients.

Iridology offers clinical physicians a quick method for diagnosis and the identification of appropriate treatments, and it works well as a complement to other diagnostic techniques and laboratory procedures that take more time to provide information.

Professor Pau masterfully shares his experience with identifying signs in the iris and offers expert insight into their meaning and their connection to pathological processes, detoxification, and tissue repair, all of which can be documented throughout the treatment process with systematic analysis and records of the iris. Thus, iridology can be a fundamental tool for evaluating the efficiency of the healing process. Healing, as we understand it, is the path of return to a normal biological state, which has been the most important demand naturopathy has made of its physicians and therapists throughout history, since the time of Hippocratic medicine.

Iridology has been and remains the most valuable technique for verifying this healing process.

DR. PEDRO SILVA JARAMILLO,

DR. PEDRO SILVA JARAMILLO, naturopath and master in nutrition, is also a specialist in internal medicine and neurology. He is a visiting professor in the Naturopathic Medicine Master's Program at the University of Barcelona, a full member of the Advisory Committee of Naturopathy of the Ministry of Health of Chile, a member of the Advisory Committee of Complementary Medicine of the Medical Association of Chile, and medical director of the Physis Center for Integrative Medicine in Santiago, Chile.

Introduction to Iridology

The iris awakens the curiosity of all those who observe it. It even awakens a certain plastic and artistic interest, given the infinite variety of chromatic details and the combinations of colors it can show, from light blue to burnt sienna, going through gray, green, and ocher . . . it offers us a complete symphony of beautiful colors.

From the perspective of health, it is important to clarify two points about the iris. First, sometimes iridological diagnosis, or *iridodiagnosis,* is seen as a synonym of medical diagnosis, but in reality, as you will soon discover, iridology has nothing to do with the traditional medical concept of pathology. That concept, which originated in the period of Linnaeus, is defined as an intelligent classification of the signs and symptoms of a disease. However, since the body does not understand these types of classifications, a direct relationship between the iris and what is known as pathology does not exist.

Iridology studies the reactions of a person in relation to their genetics. In other words, it concerns itself with the individual person, and not so much with the disease itself—though that does not mean that a group of iridology signs does not correspond to certain clinical signs (for illnesses such as leprosy, rheumatism, sarcoidosis, etc.).

Second, we must note that observation of the iris is fundamentally subject to the interpretation of the observer. This marks a clear difference from medical diagnosis, where the data obtained from an analysis, CATscans, or X-rays is assessed directly and the resulting numbers or images (the number of red blood cells, an image of pleurisy or fracture, etc.) provide the relevant information. In the case of iridology, as in all reflexologies, the iris is subject to the interpretation of the reflexive signs that are observed. The signs are not a part of the pathology, but they allow us to deduce, for example, the strength or vulnerability of the organ systems, vicariation of functions, or predispositions. In this sense, the

experience of the therapist is essential; in an empirical system such as this, if a therapist is very experienced, the therapeutic observations and recommendations he or she makes will be better and more accurate, as will be the assistance he or she is able to render.

Thus we can say that iridology is a bloodless empirical system that lets us redirect our lives in terms of personal, dietary, or physical behaviors, and if we feel ill, it lets us identify the most effective natural therapy for us. Iridology is an indisputable reference system for both naturopathy and homeopathy.

THE GOAL OF IRIDOLOGY

Thanks to centuries of medicinal practice and research, we know that people express their ailments not only through symptoms (sensations) but also through signs (signals), similar to the letters of an alphabet written, in this case, in the eye. This language of iridology mainly comprises three types of signs: forms carved in the stroma, in the pigments, and in the vessels. In this book you will discover not only the meaning of these signs but also the underlying philosophy of iridology, which is similar to that of other natural therapies.

Since people do not consult with an iridologist to obtain a diagnosis but to receive individualized therapeutic solutions for a specific previously diagnosed problem, a visit with the iridologist does not begin and end with observation of the iris. Instead, it aims to learn general characteristics of the patient. For example, an iridologist will seek to understand the behavior of the patient in relation to any medicine the patient takes (frequency of intake, details related to surgery, etc.) or the patient's perception of his or her own reality and that of others, with the purpose of not only individualizing the treatment but also identifying the most effective therapeutic modality for this particular person.

People have a basic constitution that makes them more fit for one type of lifestyle than another. Without a doubt, learning about our inherent behavioral and physiological reactions through observation of the iris lets us get the most out of our existence and helps us live life to the fullest.

ORIGINS AND EVOLUTION

This book offers a chronological overview of the history of iridology. You will learn that in the twelfth century the iris was studied by Hildegard von Bingen, a German Benedictine nun who amazed her contemporaries with her visions and her unique way of observing the body and thereby identifying the remedies a patient needed to live a healthy life.

The Hungarian scientist Ignaz von Peczely, who was first a therapist and later a physician, mapped out an iridology chart showing how different parts of the iris correlate to the anatomy and physiology of the body and identifying in the iris the reflections of different ailments that affect humans and animals, especially mammals.

The idea of intoxication has been linked to certain iridology observations; for example, the Swedish doctor Nils Liljequist observed that pharmaceutical drugs leave a trace on the surface of our iris.

By careful observation of certain eye reflections, Joseph Angerer exposed with diaphanous clarity how the macrocosm influences our microcosm.

Constitution and disposition are two concepts with different meanings, but they are interrelated, as Josef Deck and his disciple Heinz W. Schmidt (my teacher) explain them. Their modern conceptualization of iridology brings it into the twenty-first century and helps us understand that personal inclinations are coded in the eye, waiting for the right moment to be expressed.

Aside from offering a chronological overview throughout history, the chapters of this book are organized in such a way that the reader is immersed in iridology without even realizing it, while learning practical and groundbreaking concepts. The treatise ends with a chapter dedicated to the digestive system, our second brain (according to Plato) or, as Torres del Solar used to say, the more holistic body system. By the end of the book, the curiosity of the reader will be awakened, and though we will have answered many questions and concerns, many more will come to mind; this will be the moment where reader and author will meet to continue together in the Search, the engine of restless spirits.

1

Anatomy and Physiology of the Eye

As embryos we have two hearts, which later fuse to form one, what a pity; and we have one single eye, which later splits in two, how lucky.

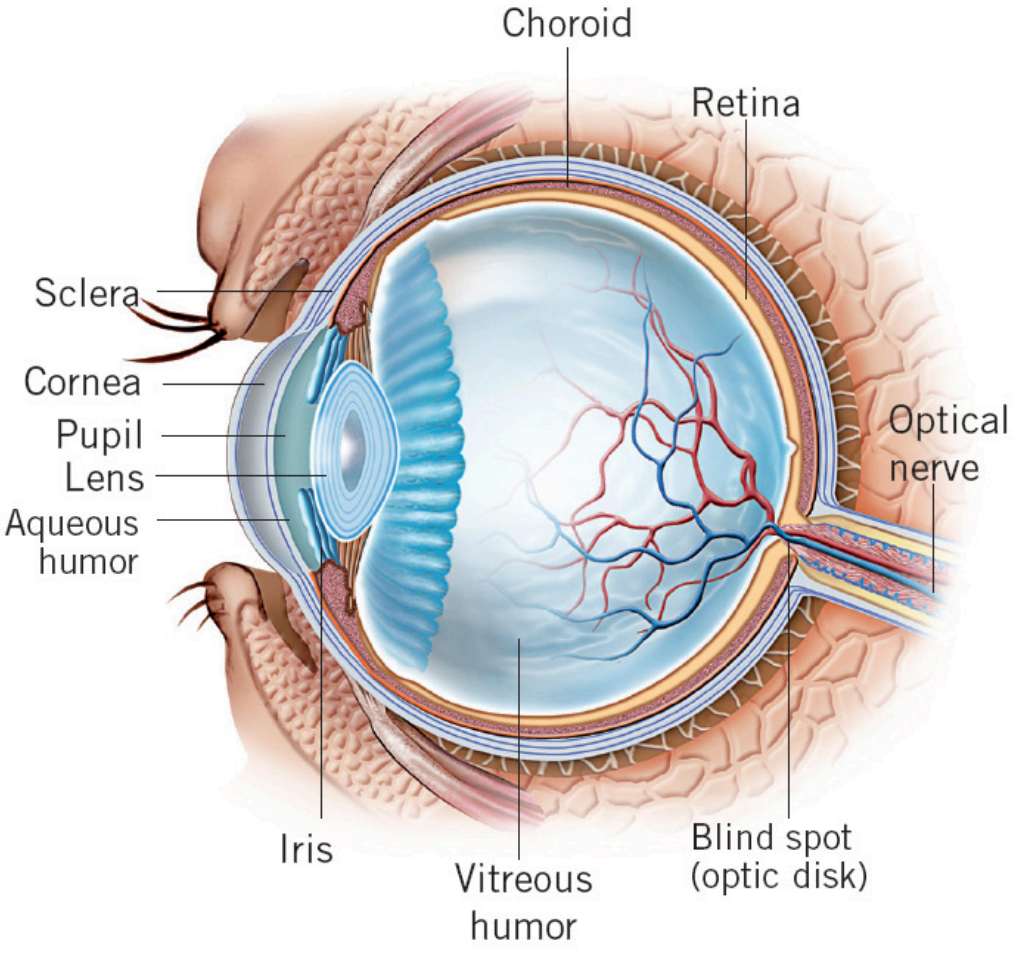
FRANCISCO ORTS LLORCA

OCULAR ANATOMY

The eyeball has a spherical shape that is slightly flattened in relation to its vertical axis. The cornea, which is transparent, is located in the front part of the eye, forming a protuberance on the surface. The eyeball is made up of membrane formations (enveloping membranes) called the sclera, choroid, and retina, as well as transparent, refractive liquid and solid elements (the cornea, aqueous and vitreous humor, and lens).

The iris is the front part of the choroid, and its movement inspired the diaphragmsused on photographic cameras. The iris has a delicate consistency; it is twelve to thirteen millimeters in diameter and averages just three-tenths of a millimeter in thickness. It has two surfaces (anterior and posterior) and two circumferences (major and minor).

From the anterior to the posterior, the iris is composed of the endothelium, the stroma, and a posterior pigmented layer.



Eyeball, with detail of the iris

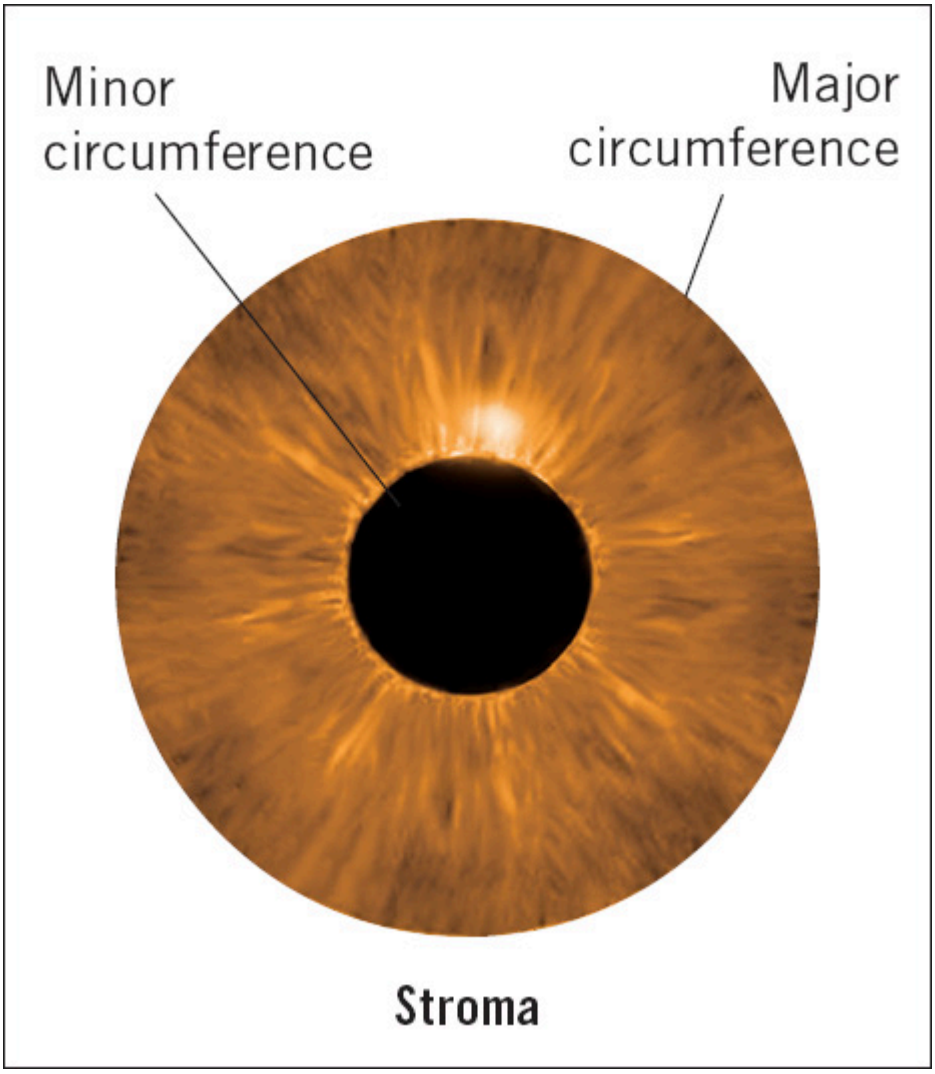
Endothelium

This layer of flattened polygonal cells forms a continuum in contact with the aqueous humor (the liquid found in the anterior chamber of the eye).

Stroma

The stroma is the tissue of the iris, formed by connective tissue, chromatophore cells, muscle fibers, neurofilaments, blood and lymphatic vessels, and a basement membrane. It has a deep layer with a one-

millimeter-wide annular ring of muscle fibers (sphincter) whose contraction decreases the size of the pupil.



Posterior Pigmented Layer

At the rear of the iris are two rows of dark purple-colored retinal epithelial cells. They protrude from the minor circumference of the iris, surrounding the pupil.

INNERVATION

The iris is innervated by the autonomic nervous system, with thoracolumbar sympathetic branches and craniosacral parasympathetic branches.

The annular muscle fibers and ciliary muscle are innervated by the short ciliary nerve branch of the oculomotor nerve (cranial nerve III), which originates in the midbrain.

The fibers of the dilator muscle are innervated by the long ciliary nerves, which are connected to the sympathetic cervical ganglion.

These nerves reach the iris through the choroid layer of the eyeball, forming the iridian plexus, from where they are distributed to the muscle fibers and other structures of the iris. Some neurofilaments form a network or mesh on the subendothelial surface. This sensitive mesh is made up of triangular units having concentric circumferences and vertices pointing toward the pupil; the triangles located at the periphery of the iris have larger bases. The sides of these triangular units coincide with tiny vessels and neurofilaments. Furthermore, there is another deep nerve network with a motor component.

In terms of motor units, the iris is the most sensitive in the body. As comparison, a leg muscle might allocate 120 muscle fibers per motor unit. The iris muscles require the impressive number of one to eight fibers per motor unit—that is, enormous specificity for such a small anatomic space.

Nerve Connections

The direct connection of the neurofilaments on the superficial layers of the iris with the cervical ganglion of the sympathetic system and the ciliary ganglion of the parasympathetic system explains how the impressions of the whole organism can be sent to the iris and lets us understand how the tissue of the iris receives nerve signals and blood with energetic and biochemical information from other parts of the body. This information generates iridology signs on the surface of the iris. We know that each part of the organism (form and function) is represented on a certain part of the iris. In regards to this relationship, one of the hardest tasks in iridology, which is also without a doubt the most delicate one, is to accurately determine the areas that correspond to each organ, function, and body part, a task that has not yet been concluded.

By daily observation of this small and delicate part of our anatomy, we believe that we can establish a series of postulates that clearly summarize the possibilities of iridology and its reflexive function, moving away from

unsupported definitions like the ones we find in the Pschyrembel clinical dictionary, which states: “Iridology: method to recognize diseases in the rest of the body through observation, which is scientifically inadmissible.”

(Evidently, if you fall into the trap of thinking that the iris can be used to identify diseases, i.e., pathologies, you will simply have to change your thinking because it is completely wrong.)

Principles of Iridology

In synthesis, we believe that to use iridology effectively, you must adhere to the following points and principles:

- Time does not modify the structure of the iris, but it modifies its appearance.
- The absence of signs does not necessarily mean good health.
- Iridology does not diagnose diseases.
- Treatments do not modify the structure of the iris, although at times they can modify its appearance.

USES OF IRIDOLOGY

- To gauge a person’s disposition toward illness
- To identify the origins of a disease
- To identify causal relationships for illness
- To identify the most appropriate healing orientation
- To provide an overview of a person’s health
- To assess the relationship between parts
- To identify the most effective preventive health-care measures

ASSESSMENTS THROUGH THE IRIS

- Vital tone
- Ability to recuperate
- Life expectancy
- Nutritional status

- Tissue regeneration capacity
- Unreactive zones (zones that do not respond to stimuli)
- Connective muscle tone
- Nerve strength
- Suppressions
- Libido
- Iatrogenesis indicators
- Predisposition to cardiovascular symptoms
- Recovery indicators
- Irritation points
- Catarrhal sectors
- Endocrine lability (i.e., endocrine vulnerability)

CONDITIONS REFLECTED IN SIGNS ON THE IRIS

- Time
- Intensity
- Absence of blockage
- Affinity or temperament
- Genetics
- Trauma

HERING'S LAW

Iridology, which since its creation has coexisted with homeopathy, lets us give a more practical meaning to the axiom proposed by Constantine Hering, an early pioneer in homeopathy. We are talking of the renowned Hering's law,[*1] which we can use in conjunction with iridological observation to look for the path to healing, the path to well-being, and the path of disease, or, with more audacity, the causal identification of disease. It has been our experience that iridology consultations identify some type of chronic disorder in seven out of ten people who say they feel fine. This fact should motivate us to aspire to above-average health in comparison to the general population.

Iridologist Henry Lindlahr contributed to this matter by stating that the path to disease was due mainly to three typically human behaviors: ignorance, convenience, and negligence. An incorrect diet, the wrong job, erroneous thoughts, and inadequate personal relationships are consequences of these behaviors and can be causal factors leading us to ailments.

Modern society has adopted the philosophy of relief ("getting by"), where people take drugs that are often unnecessary and that potentiate or stimulate antiphysiological habits, in addition to causing unwanted effects. With medication to prop us up, we go forward in our lives having made very few fundamental changes or none at all, letting day-to-day inertia carry us, and forgetting that nature is always changing. Following this line of thought, a curios aphorism by Hippocrates states that change is good when we want to train ourselves to face fortuitous changes: "Those things which one has been accustomed to for a long time, although worse than things which one is not accustomed to, usually give less disturbance; but a change must sometimes be made to things one is not accustomed to."*2

The iris has its embryonic origin
in nervous system tissue.

Based on the reflections of health and physiological tendencies that it reveals to us, the iris shows us which changes we must undertake, how to retrace a wrong path, and how to distance ourselves from our “enemies.” Getting rid of a bad habit little by little rarely works; if you are certain of the path, you must be strict and relentless and completely dive in. The first task is to change our way of thinking (from top to bottom and from the inside out, as Hering would say), throw away the obsolete and the burdensome, and assimilate the new. In others words, we must act differently than the average and separate ourselves from social inertia and the latest fads.

Some people, despite the obvious anatomical relationship between the iris and the person as a whole, doubt these fundamentals and, thus, the reliability of their reading. Well, for those who still harbor doubts, there are some very interesting physiological relationships that are not usually argued but may shed light on the matter. To begin, it is important for these people to reflect on the embryological origin of the nervous system and in particular the iris, which, though it has muscular structures, is derived not from the myotome (the embryonic structure from which muscles are derived) but from the central nervous system.

Another strong argument is provided by clinical practice. In medicine there is a wide array of pathologies, almost always systemic, that generate signs in the iris. These include rheumatic diseases like arthritis, ankylosing spondylitis, Reiter syndrome, psoriatic arthritis, Behcet’s syndrome, sarcoidosis, and juvenile chronic arthritis, as well as autoimmune diseases like Crohn’s disease and microbial diseases like syphilis, tuberculosis, and leprosy.

Based on all the information in evidence and accumulated clinical experiences, we can say that iridology is verifiable, practical, and reproducible. In this sense, and to finish the present chapter, we could define iridology as the interpretative study of the iris and its ocular annexes. Its purpose is to teach us about the ways in which a person is likely to fall ill, his therapeutic orientation (that is, which types of therapy he will best respond to), and his hygienic orientation (that is, which habits and behaviors will best serve him), so that he can avoid, prevent, or recuperate from disease to the best of his ability.

2

Causae et Curae

Eye Diseases Seen through the Iris

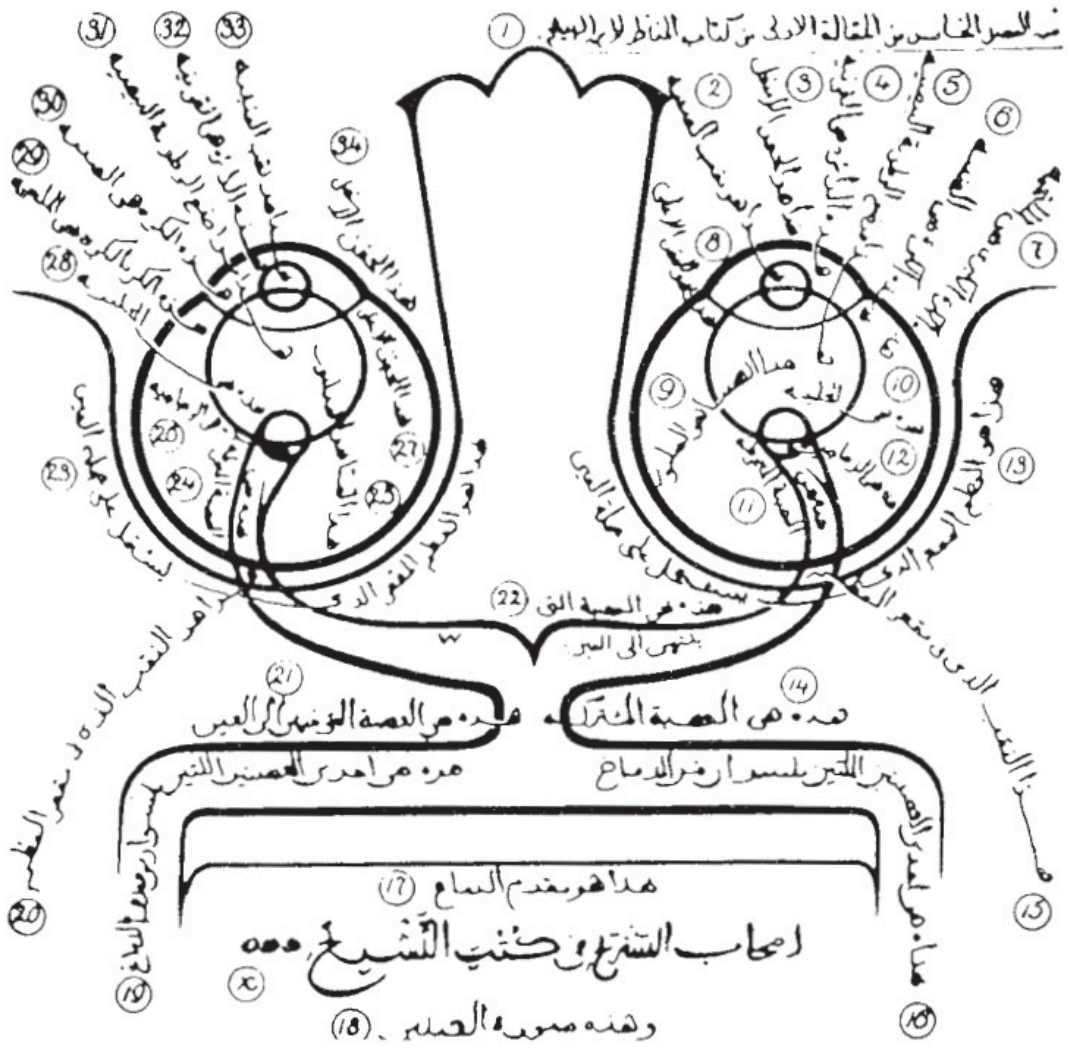
The eye is the lamp of the body. So, if your eye is clear, your whole body will be full of light.

MATTHEW 6:22–23

HILDEGARD AND IRIDOLOGY

In the West, iridology first appeared in the Middle Ages with the incursion of Arabic medicine, which focused on all aspects of the eyes, from anatomy to surgeries. In the twelfth century, Hildegard von Bingen (1098–1179), a German Benedictine nun of profound convictions, with political influences due to her relationship with the Church and the papacy, and a visionary in both politics and medicine, set the foundations for an iridology model based on individualization and prescription of personalized remedies, both of which are objectives of modern iridology.

Frederick I (1122–1190), peacemaker in the rivalries between the Hohenstaufen and the Guelphs, was the emperor and cornerstone of the Holy Roman Empire. He offered military protection to Hildegard's monasteries and cultivated a good friendship with the future saint, in spite of the fact that she never forgave him for appointing antipopes during his reign.



An illustration of the optical pathway from the *Kitab al-Manazir* (Book of Optics), an eleventh-century Arab treatise

Hildegard started down the path of medicine at the age of forty-five. Influenced by the Arabic world, and probably by the Salerno school, she wrote the manuscripts *Causae et curae* (Causes and Cures) and *Physica*.

From Hildegard's point of view, disease arose largely due to the loss of virtue. Given that, apparently, eye problems were very important during her time, her books on remedies described, for example, how to use fennel for sight problems: Dew warmed by the morning sun should be combined with crushed fennel and a bit of flour and applied to the eyelids, with the eyes closed (this manner in which the fennel is tempered with sun-warmed dew is similar to the principle of solar extraction of Bach flower remedies and

may indicate an alchemical influence). Hildegard was very thorough, and she left behind specific instructions for treatments for every eye color.

Though she was sick for most of her life, suffering from paralysis crises, Hildegard was also a very active woman, as shown by the legacy she left in monasteries in the form of musical works and religious and medical texts.

INDIVIDUALIZED THERAPY

In *Causae et curae,* Hildegard describes (much like in iridological ophthalmology) the following situation: If a person's vision is blurred (weak sight) and his eyes suffer and hurt, this is due to an excess of water or blood as a result of age or sickness. According to her:

> The eye is made up of fire and water. Through fire it is held together and strengthened, so it can exist; the water, on the other hand, makes seeing possible. If blood spreads on the surface of the eye, it will suppress the vision of the eye, because it dries out the water which bestows vision to the eye. On the other hand, if blood is excessively reduced there, water, which enables the eye to see, will not have enough strength; it should carry strengths in blood like columns. For that reason the eyes of old people become weak in vision, because fire they are losing their strength and the water with the blood is decreasing. That is why young people can see more sharply than old, because in their vessels the right proportion exists between blood and water.[*3]

To recover the health of the eyes, Hildegard says, the person must closely observe a green plant. He must stare at it intently, for long periods of time, until the eyes water and cry, because the green color in plants drags out the humors (body fluids identified in the Unani traditional medicine) and leaves the eyes clear and pure. Fresh river water also eliminates excess humor in the eyes and returns the light to them, so an appropriate solution is to take a linen canvas drenched in pure fresh water and place it over the eyes and temporal area of the head. Hildegard believed that the eyes have

an igneous (fiery) nature,[†4] and that when they are touched by water, the layer that blurs them softens, thanks to the water's freshness and humidity.

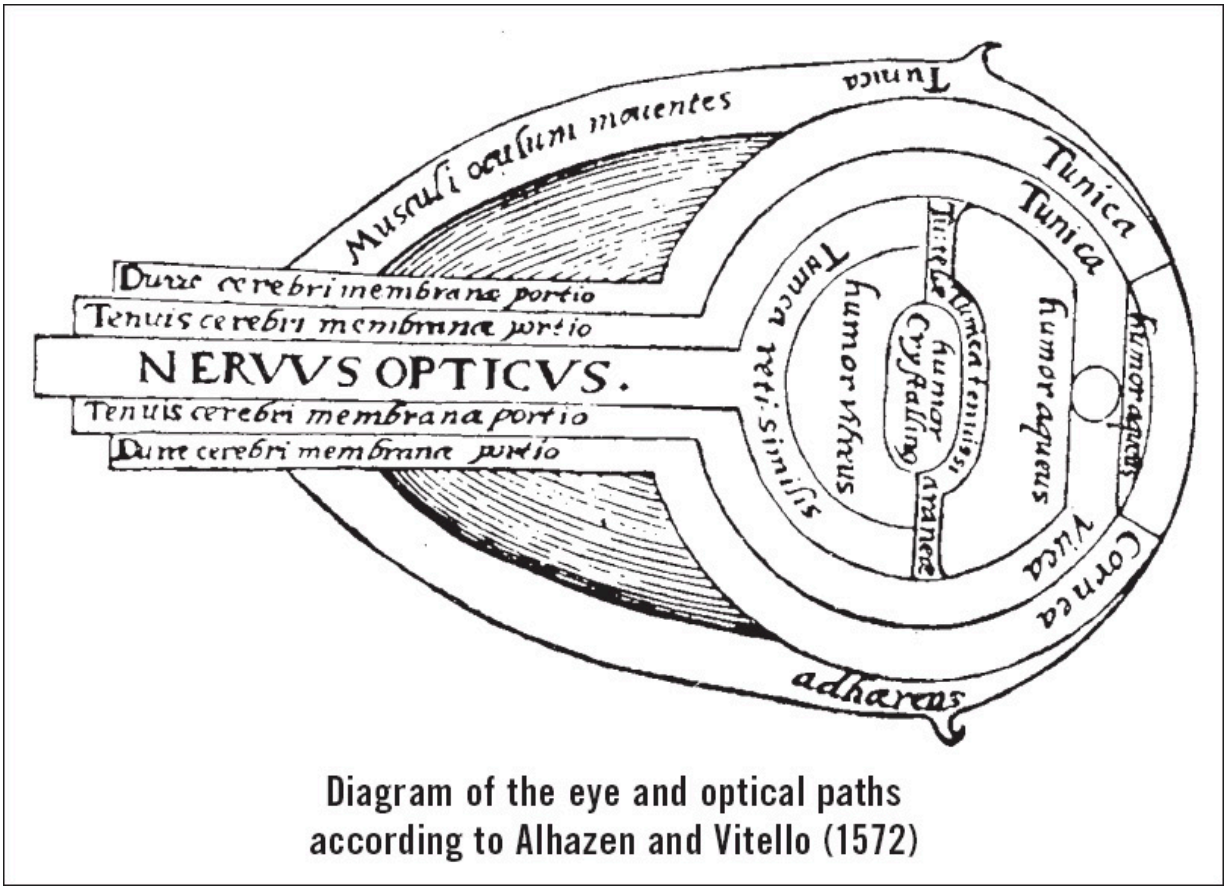


Diagram of the eye and optical paths
according to Alhazen and Vitello (1572)

The Eight Types of Irises and Their Plant Remedies, according to Hildegard

In *Causae et curae,* Hildegard von Bingen spoke about eight types of irises and how to address in them the problems of blurry vision, pain, and discomfort. Here, we can look at the types of irises she describes and their plant remedies, though it is uncertain whether our interpretation is exact. This is just a fun bit of historical trivia, not a part of our official iridological exploration. You should never put any substance in contact with your eyes except under the recommendation of a qualified expert practitioner. The information here aims only to highlight the relationship between curious medieval remedies and the iris, a precedent set before Peczely (chapter 3) in the history of iridology.

DIFFERENT COLORED EYES

- Fennel

"The warm, soft nature of fennel, mixed with rose and rye, are akin to airy eyes of different colors." This particularity was taken into account when pain appeared.

FIERY EYES

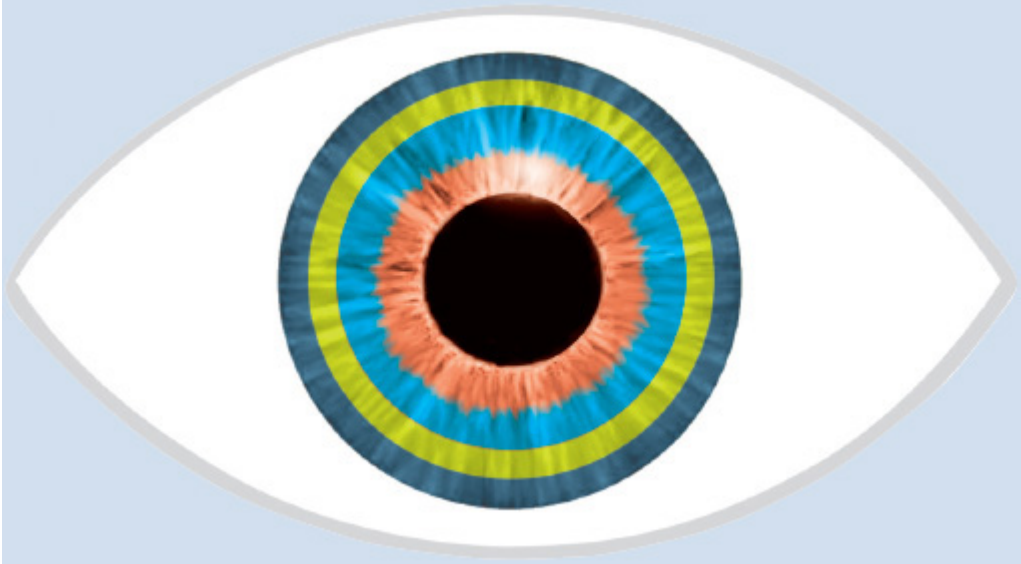
- Violet

"These eyes are healthy thanks to the heat of fire, but they do not do well around unpleasant smells. The cold of violet, mixed with rose and fennel, is tempered by the hot nature of wine. Violet is born from the warm wind; thus, it needs the other vegetables."

MULTICOLORED EYES (SIMILAR TO RAINBOWS)[*5]

- Cumin

"Cumin holds warmth and freshness in equal amounts and, tempered by the heat in wine, it dissipates bad humors that hurt the eyes."[†6]



TURBULENT, GLAUCUS, OR SEA GREEN EYES

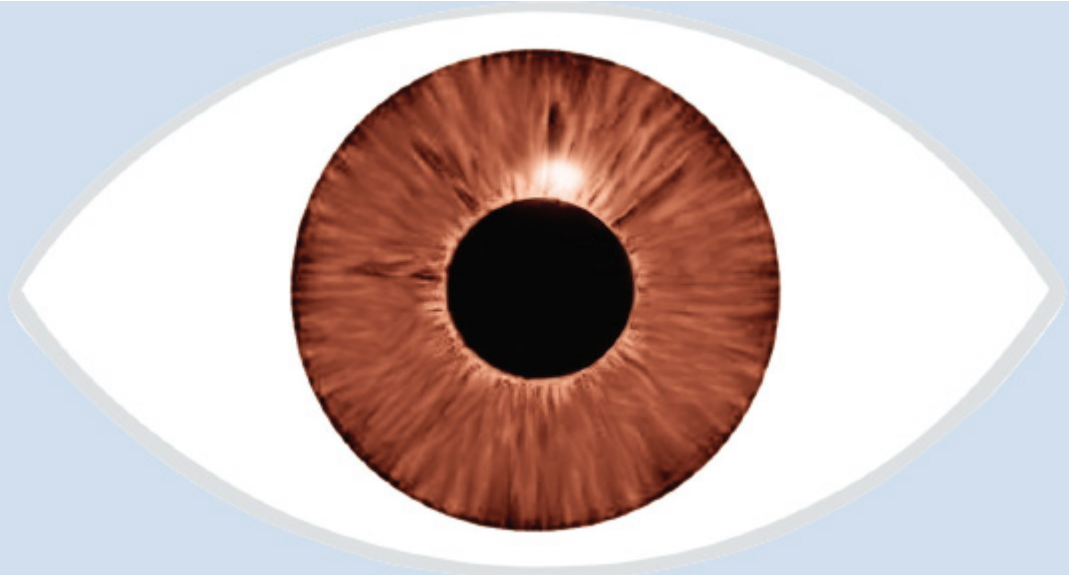
- Fennel

"The sweet heat of fennel, combined with the fresh nature of egg whites, helps ease the pain and blurriness of eyes contracted by the humid nature of the land." The *Theatrum Sanitatis,* a work developed after Hildegard's works, includes similar indications.

DARK EYES

- Rue

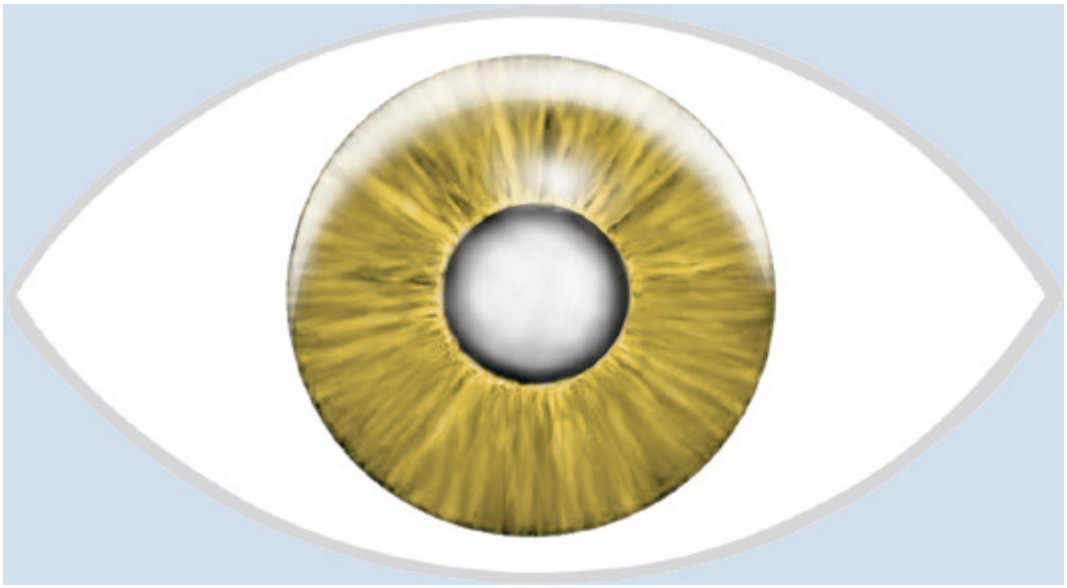
"The warm nature of rue and honey, mixed with breadcrumbs, attracts strength from the earth and alleviates dark eyes."



CATARACTS AND TEARINESS

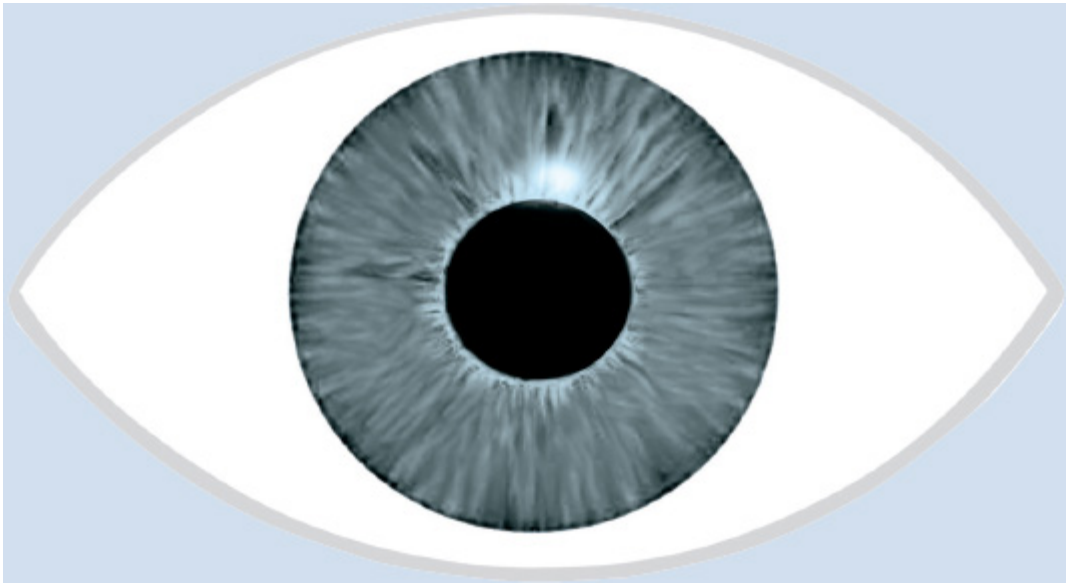
- Fenugreek and organ parts from animals

Hildegard wrote about white spots on the eyes, which we interpret as a reference to what today is known as a cataract or the arcus senilis (see chapter 6). For these cases she recommended not only plants like fenugreek but also organ parts from animals, like in ancient medicine.



GRAY EYES

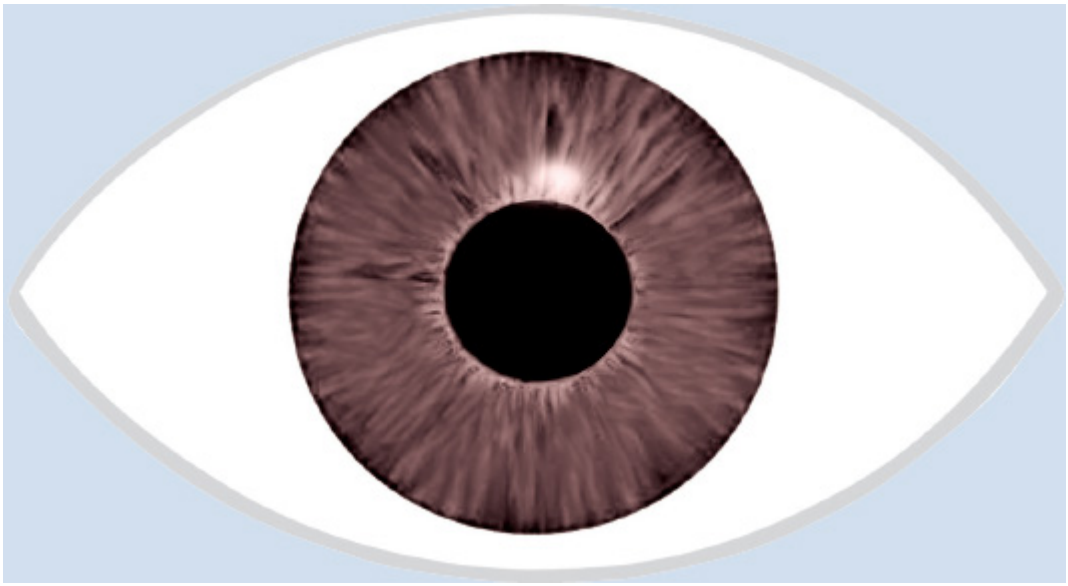
“Similar to water, weaker than the other eyes because the air, with the heat, the cold, and humidity, changes them often. Easily wounded by unhealthy airs and humidity.”



BLACK EYES

“Drawn to earth. Of solid nature, they keep their visual acuity for a long time because they come from earth itself, but they can be easily wounded by the humor

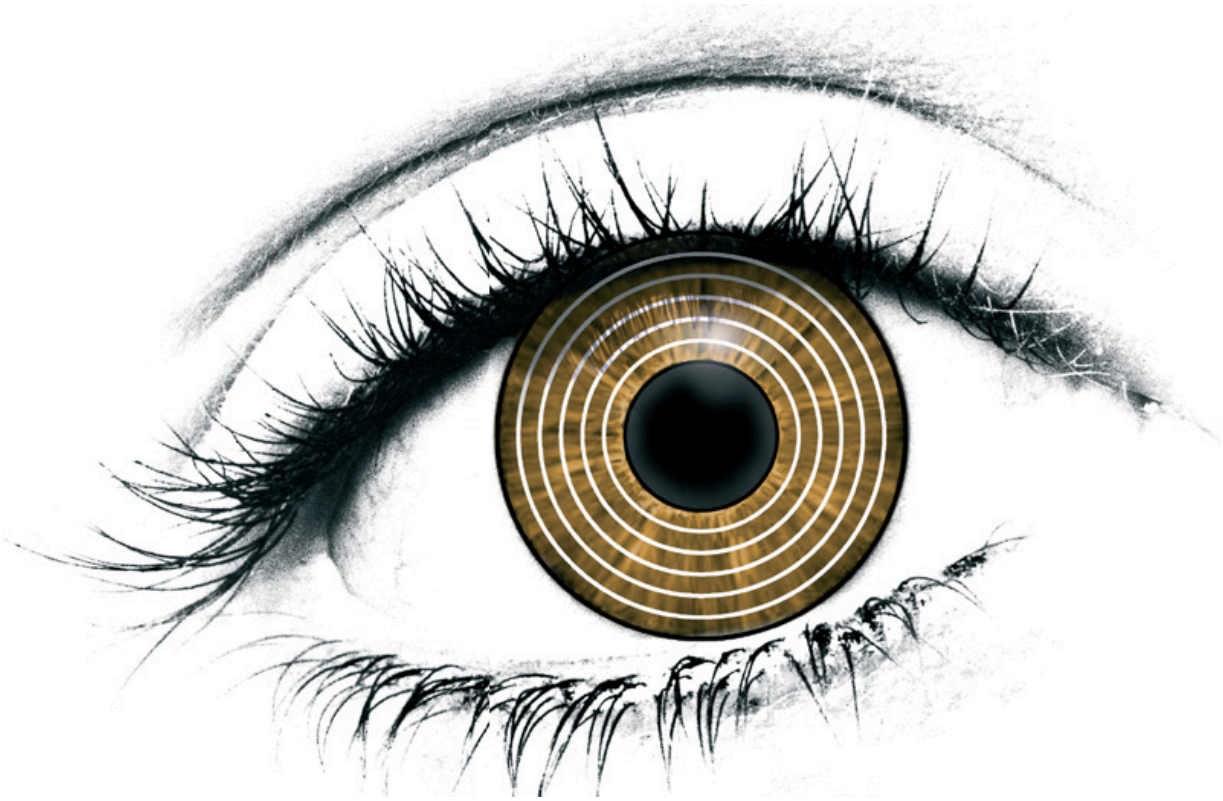
of earth, and the humidity of water.”



3

Iridology Charts

Locating the Reflection of Organs and Their Functions



Seeing is an act of coupling and fecundation that happens in the bridal chamber of the ophthalmos.

GEORG GRODDECK

IGNAZ VON PECZELY AND THE IRIDOLOGY CHART

The story of this particular character predates some of the most controversial aspects of iridology. Peczely (1826–1911) was the son of an executor for a Hungarian count. He lived surrounded by many people, almost all of them, like his father, servants of the nobleman. He demonstrated his artistic talents for observing and drawing nature from an early age. At the age of twelve, while playing around with an owl, he unintentionally fractured the bird's right leg. Peczely was greatly impressed when, seconds after the accident, he saw in the big golden eyes of the animal a small dark radial line appear on the inferior sector of the right iris, a line he had never seen before. When the fracture was healed, the black line became suddenly surrounded by two white lines and then disappeared, but the two white lines remained on the eye of the animal for the rest of its life. Peczely would always remember this phenomenon.

When he was twenty-two years old he fought as a hussar in the war to liberate his country, and at twenty-four he taught gymnastics and drawing, his old artistic interest. At thirty-three years of age, he went back to his father's home and was again surrounded by his old friends. He helped cure their health problems, since at the time he had mastered homeopathy; he even successfully healed his mother, who suffered from edema. One day, possibly due to a complaint, a physician and a professor of medicine visited him—not particularly as friends—to notify him that he could not practice homeopathy without being a doctor, and that he had to hand over the homeopathic remedy kit he used for his cures. Peczely was resistant, and, after looking at the iris of the doctor, he said, without hesitation, that he had recently suffered an illness and that he was not yet completely recovered. The doctor, surprised because this claim was true, abandoned his intention to confiscate the homeopathic remedies.

Ignaz von Peczely

This event, like his early experience with the owl, had a great effect on Ignaz, who from that point onward did not stop until he managed to get accepted into the medical college of Budapest University when he was thirty-six years old.

Generosity was a distinctive feature of Peczely for his whole life. For example, as a student, at some point he helped twelve fellow students with the money he earned through his homeopathic consultations. But his tenure as a student was also marked by negative episodes. At one point he had the misfortune of being wanted by the authorities, who accused him of having poisoned a woman with arsenic (of course, it was later demonstrated that the arsenic had been a homeopathic preparation). He was forced to leave Budapest University, but he later took up his studies again at the Vienna Medical College at thirty-eight years of age.

Toward the end of his studies he had another setback, this time with Doctor Carl von Rokitansky, who assured Peczely that he would not pass his class and, thus, would not be able to obtain a medical diploma. Peczely meticulously studied for the class, but rumor has it that on the day of the final exam, he had a revolver hidden in his clothes, a souveneir of his time as a hussar, just in case. (One possible explanation for the disagreement between the two men was the friction between the vitalistic-homeopathic

view of Peczely—a paradigm that science at the time was making an effort to leave behind—with the rational-analytic beliefs of Rokitansky, who was one of the first anatomopathologists and left his mark in modern medicine with his clinical descriptions: Rokitansky-Cushing ulcer, Mayer-Rokitansky-Küster-Hauser syndrome, Rokitansky-Aschoff sinuses, etc.).

Despite the conflict with Rokitansky, Peczely passed the exam, and at the age of forty-three he began practicing as a doctor and iridologist in one of the up-and-coming neighborhoods in Budapest, with an average of two hundred consultations a day. At forty-seven he published notes against the Budapest Homeopathic Medical Association, an entity that openly rejected iridology. At this point, Ignaz realized that the question was not so much about being a doctor, but about whether to reject or not the prevailing dogmas while maintaining an open attitude to knowledge, no matter where or whom it came from, something Hungarian homeopaths did not do.

At fifty-four he published his *Introduction to the Diagnosis from the Eye,* a book that was well received in Germany, but not in Hungary, where it went unnoticed. By the age of fifty-eight much of his dream of practicing medicine had come true, but he was never accepted by his colleagues, homeopathic doctors who did not consider iridology to be a valid system to use with homeopathy.

After he turned seventy, Peczely started suffering from depression, which led him to personally remove his book from bookstores after a Swedish minister called Nils Liljequist claimed to be the true father of iridology. They exchanged letters, in which Liljequist clearly stated that he would not retract his statements.

Peczely first intuited the importance of iridology at the age of twelve, when he observed changes in the eyes of an owl that had broken its leg.

Facing ostracization from his homeopath colleagues on one side, and little in the way of ethics from Liljequist on the other, Ignaz von Peczely, a white-bearded grandfather who always wore a hat, rejected an invitation to be recognized at a medical congress in Philadelphia.

A curious anecdote is that when Liljequist, at seventy-seven years of age, reedited his iridology book, he admitted that Peczely had been the first one to discover iridology. However, years later, at about the time of Peczely's death at eighty-five years of age, Liljequist published a final edition of his work in which he again omitted Peczely's name.

Peczely's life was filled, in part, with disappointments. This was aggravated by the fact that the discoverer of iridology chose the hardest part of it: creating an iridology chart, an issue that even today is not fully resolved. Without a doubt, Peczely was marked for path of chiaroscuro by his experience with the owl during his childhood.

We believe the iridology chart will eventually get to 90 percent accuracy when medical professionals interested in the topic collect plenty of experience and contrast it with histology.

Peczely and Medicine

Peczely's attitude toward medicine was not that of a licensed physician but that of a therapist or healer—in other words, a person who trusts his intuition and experiences and develops the internal knowledge we all possess. So, in the historical context, his position was not odd: he drank from the spirit of antiquity, before the creation of universities in the West, and followed the same path as Hildegard and many others. We must not forget that in medicine, at least two visions of reality have always coexisted: that of the Eastern world (from the Arabs we inherited a way to organize knowledge in communities or cells like the ones that existed for centuries in Cordoba, Montpellier, and Salerno) and that of the Christian world (the university, which was a copy of the hierarchically organized ecclesiastic model inspired by the ancient Roman world, keeping Latin as the scientific language). The Christian university world, originating in the thirteenth century, created scholastic medicine, a mixture of beliefs and medical knowledge that stemmed in part from the aforementioned Arab schools, where the teacher and not the hierarchy was the main reference.

Rationalization of thought was, and is, the most relevant tool of the European university. In this model, which seems attractive to many minds, more often than not the easy becomes difficult and the unknown seems intellectually evident, even though it is not. A person's experience and sensibility are relegated to the background, in the process casting aside knowledge in countless categories and classifications so that, as it is traditionally said, we cannot see the forest for the trees. This might enable us to see with a better light the confrontations with Rokitansky and the homeopath doctors, who were more worried about rationalization than the empiricism of Peczely.

EXPLORING IRIDOLOGY CHARTS

Since its creation, iridology has seen its practitioners introduce a range of mapping charts based on their own experiences and observations. Although the list is far from complete, these chart makers include J. Angelats, Adrian Vander, Peter Johannes Thiel, Immanuel Felke, H. E. Lane, J. Haskel Kritzer, Marko J. Petinak, J. F. Petrisch, J. D. Levine, Bernard Jensen, Gaston Verdier, A. Roux, M. Lezaeta Acharan, Vicente L. Ferrándiz, Boris de Bardo, J. L. Berdonces, M. Netzah, and George Ostness. In fact, iridologists as a whole have undertaken millions of observations and have collated their experiences to produce a large number of charts, a reality that

should be interpreted not as a sign of vagueness, but as a demonstration of the rich and varied mosaic of experiences that iridology reveals.

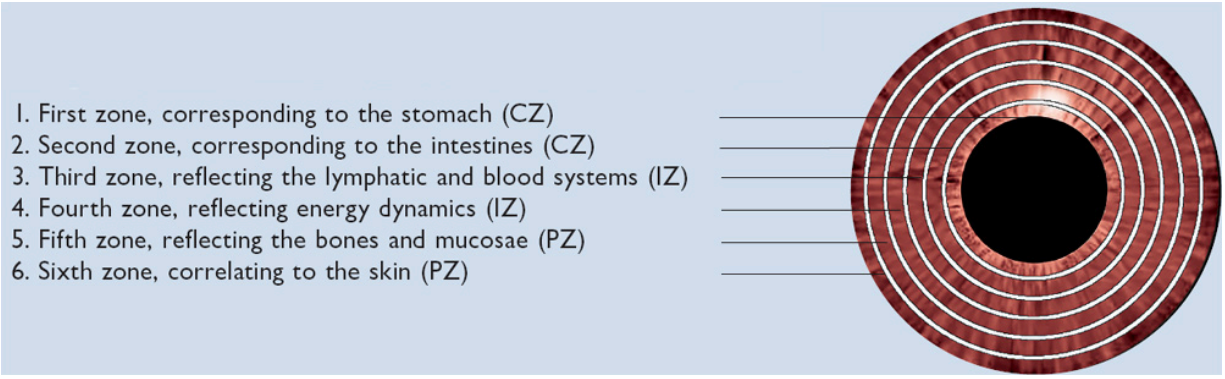
There have been iridologists who, by themselves (Jensen) or in a group (Angerer's disciples), have tried to build a definitive iridology chart—the best, unarguable chart—but they have had no luck so far. In part, this attempt is unnatural, because they are not considering the biological reality and the variability and diversity of life's expression. There are no two identical irises, two identical persons, or two identical anatomies, so we must learn from our own experiences so that we can correctly contrast and communicate them to others. In this way, new findings give way to general advances in the fascinating world of iridology.

The Code of the Iridology Chart

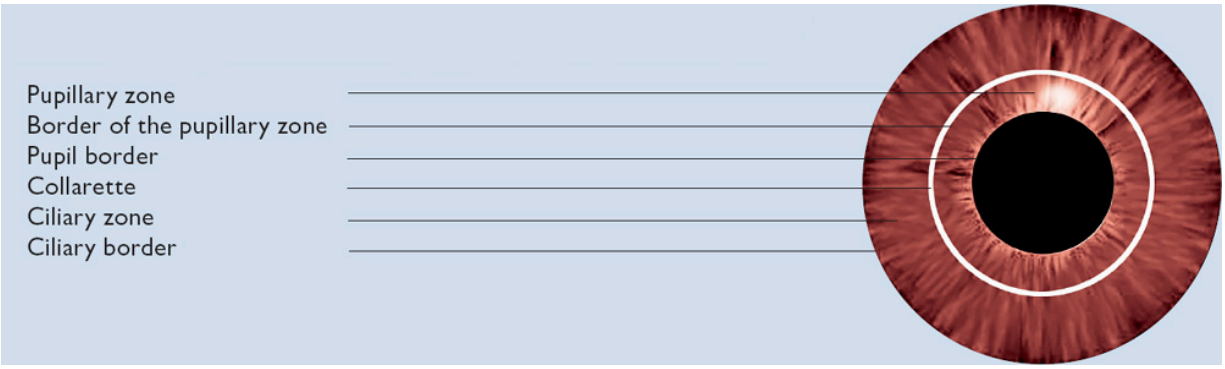
The iridology chart has its own code to locate the reflected anatomy and physiology of the body. This code uses circular and radial coordinates.

THE SIX CIRCULAR REFLEXIVE ZONES

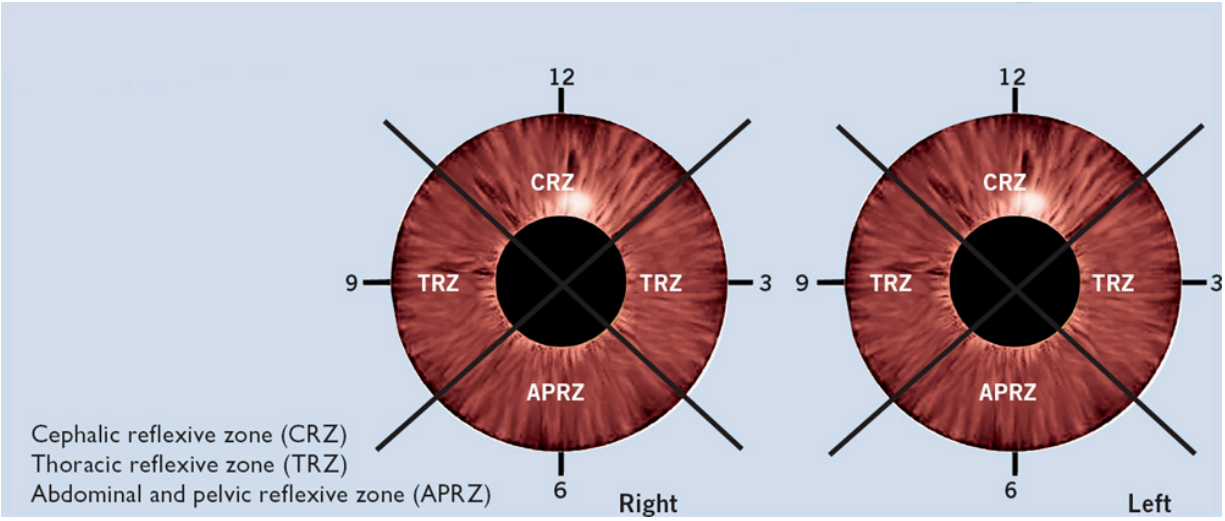
The six circular zones are located in three large zones from the pupil to the periphery: the central zone (CZ), the intermediate zone (IZ), and the peripheral zone (PZ).



BASIC NOMENCLATURE FOR SIGN LOCATIONS

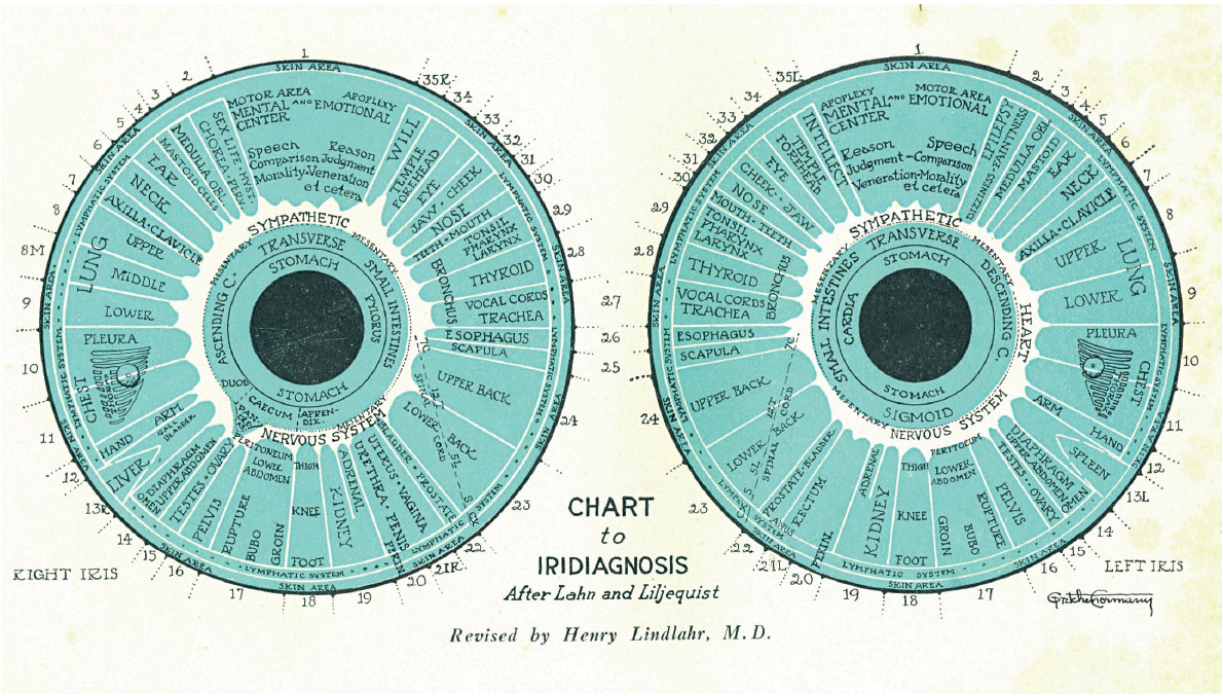


THE RADIAL ZONES

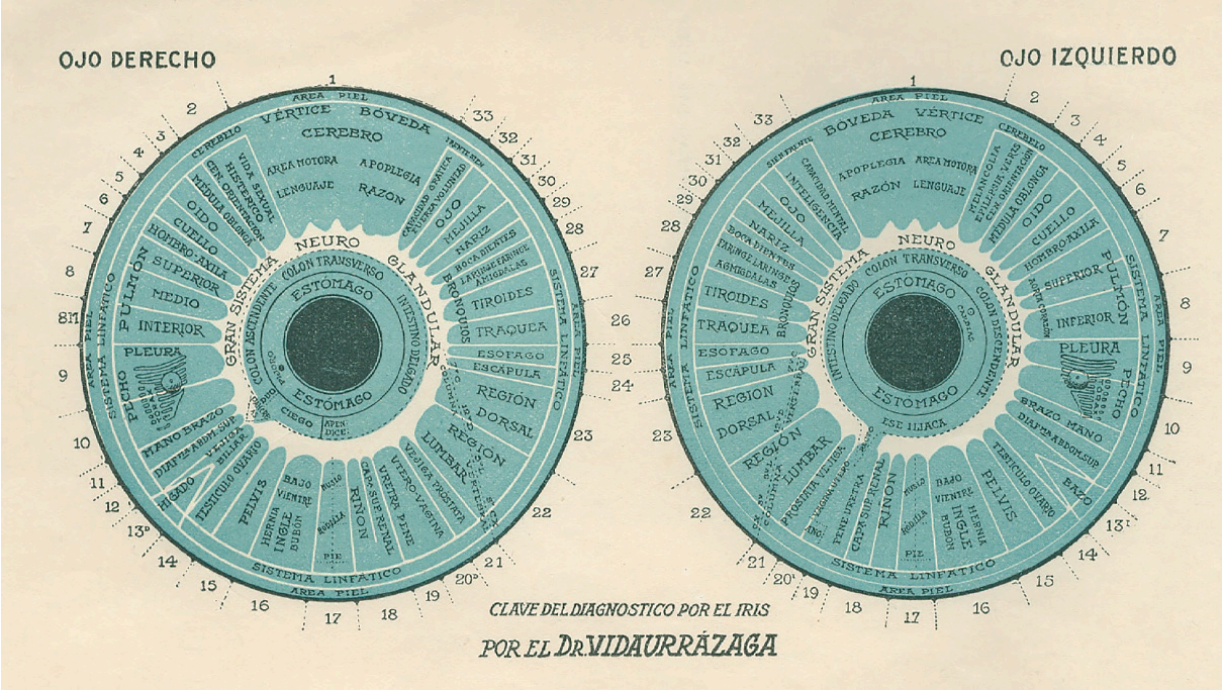


Ignaz von Peczely Chart[*7]

Henry Lindlahr Chart



J. A. Vidaurrazaga Chart[*8]



H. W. Anderschou Chart[†9]

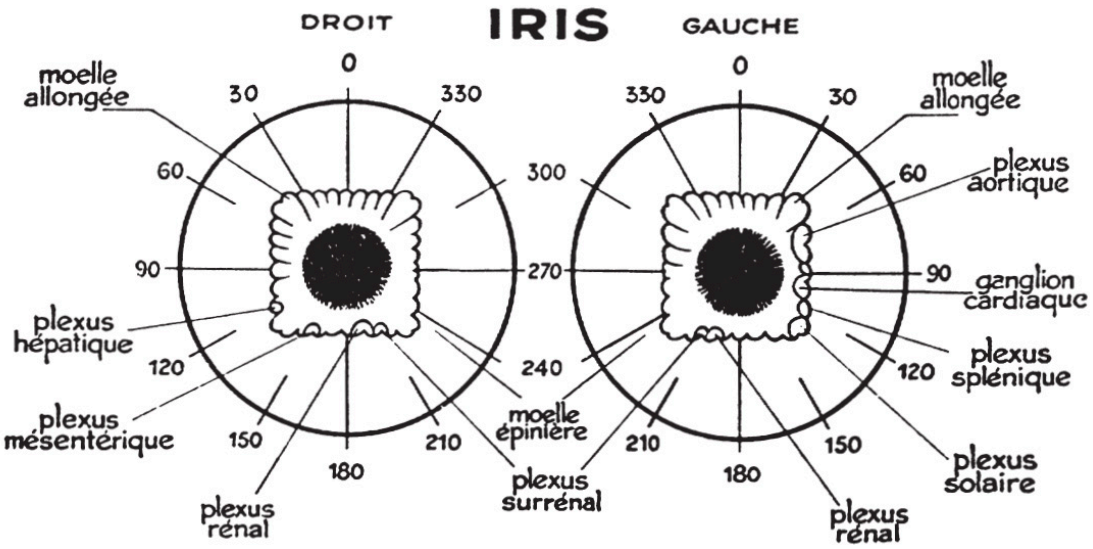


Fig. 45. — Topographie du sympathique, d'après le Dr H. W. Anderschou.

Nota. — 330 = 1 h., 300 = 2 h., 270 = 3 h., 240 = 4 h., 210 = 5 h., 180 = 6 h., 150 = 7 h. 120 = 8 h., 90 = 9 h., 60 = 10 h., 30 = 11 h., 0 = 12 h.

Detail of H. W. Anderschou's Chart

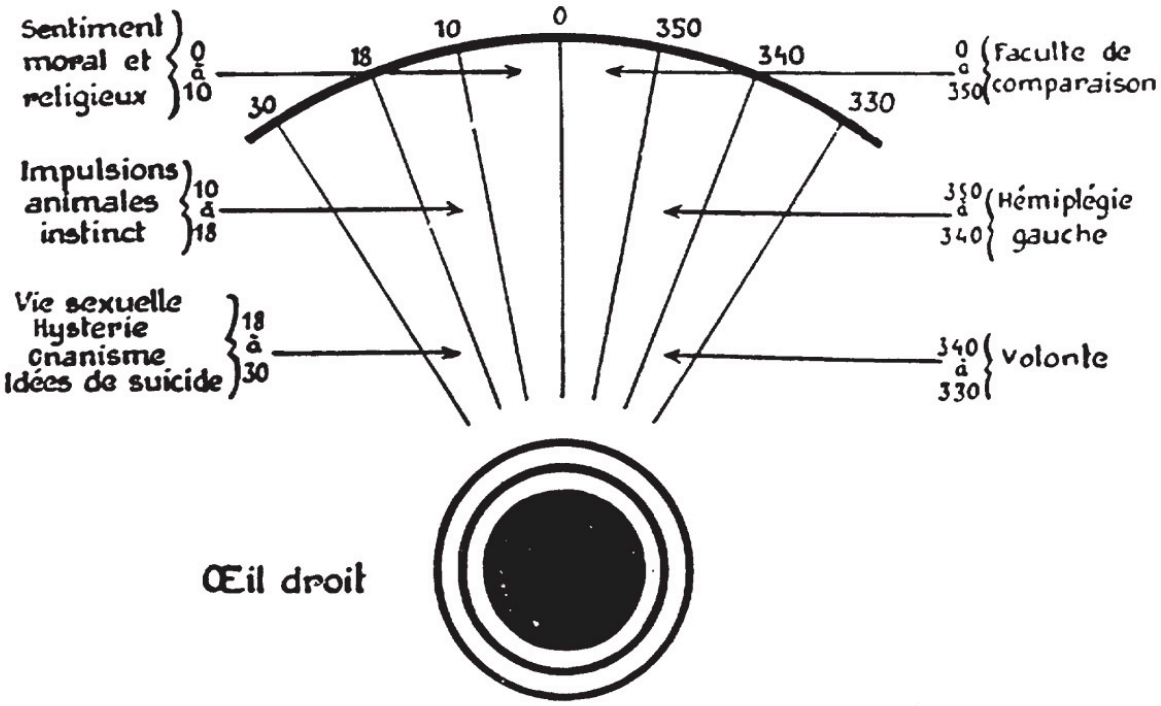


Fig. 46. — Topographie du cerveau, d'après Anderschou.

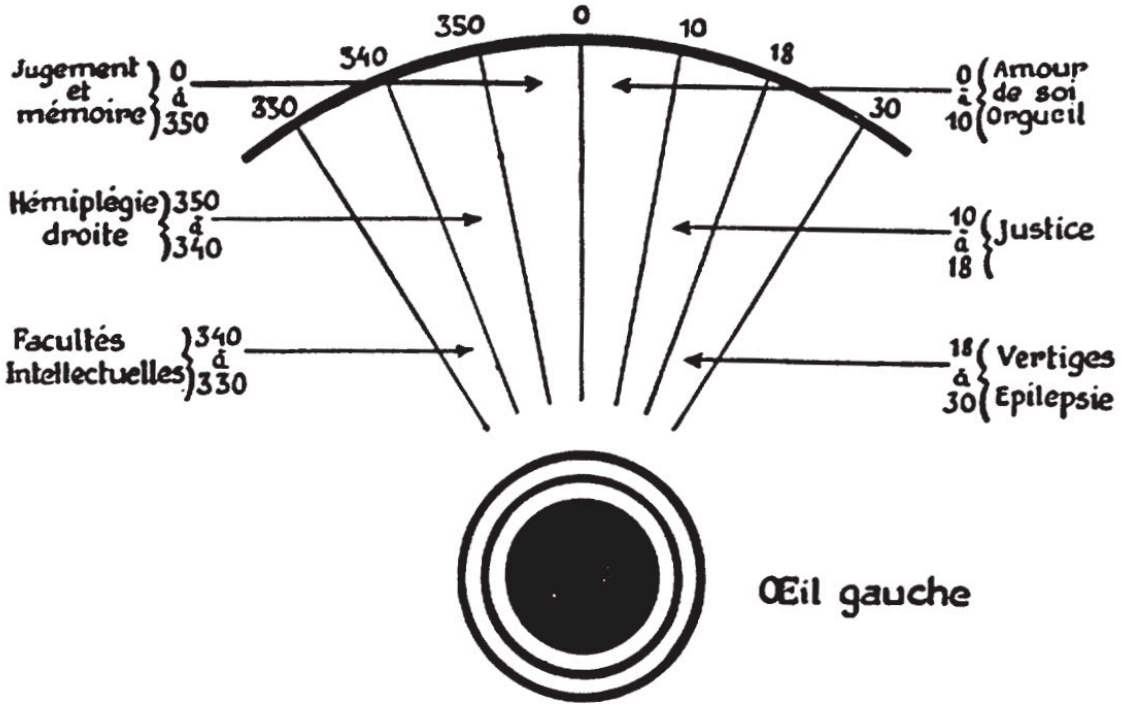
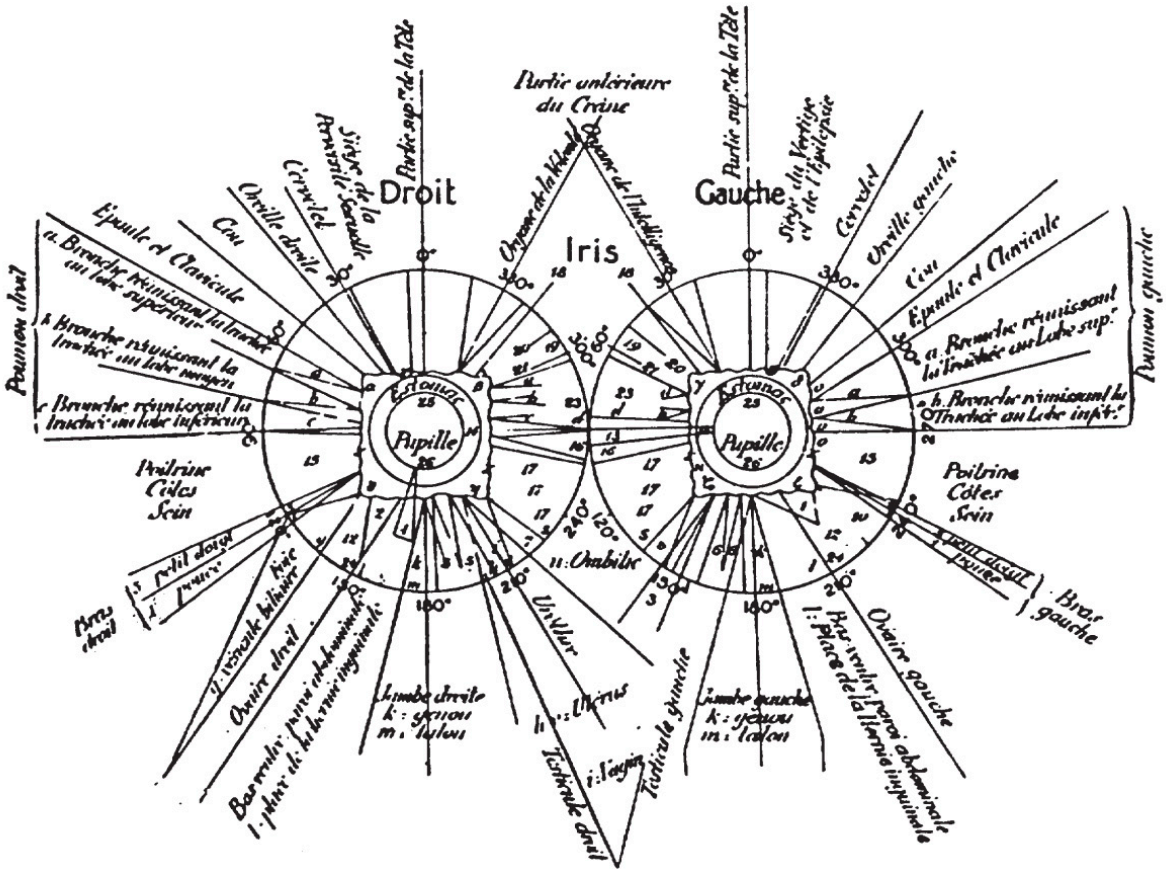
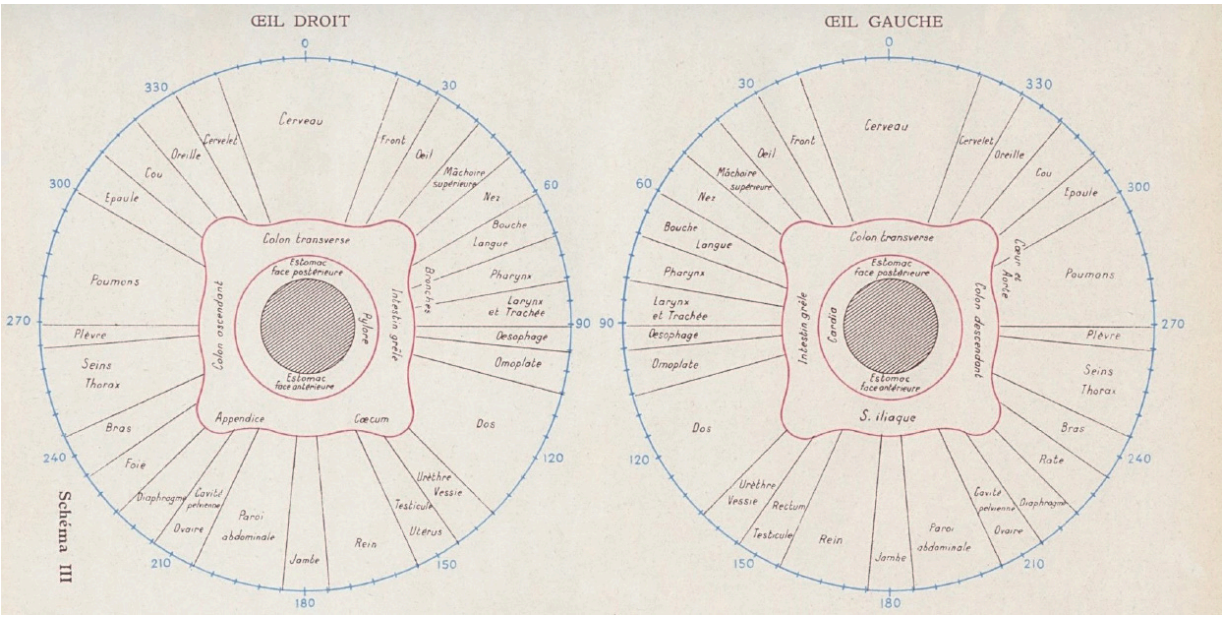


Fig. 47. — Topographie du cerveau, d'après Anderschou.

N. Liljequist Chart



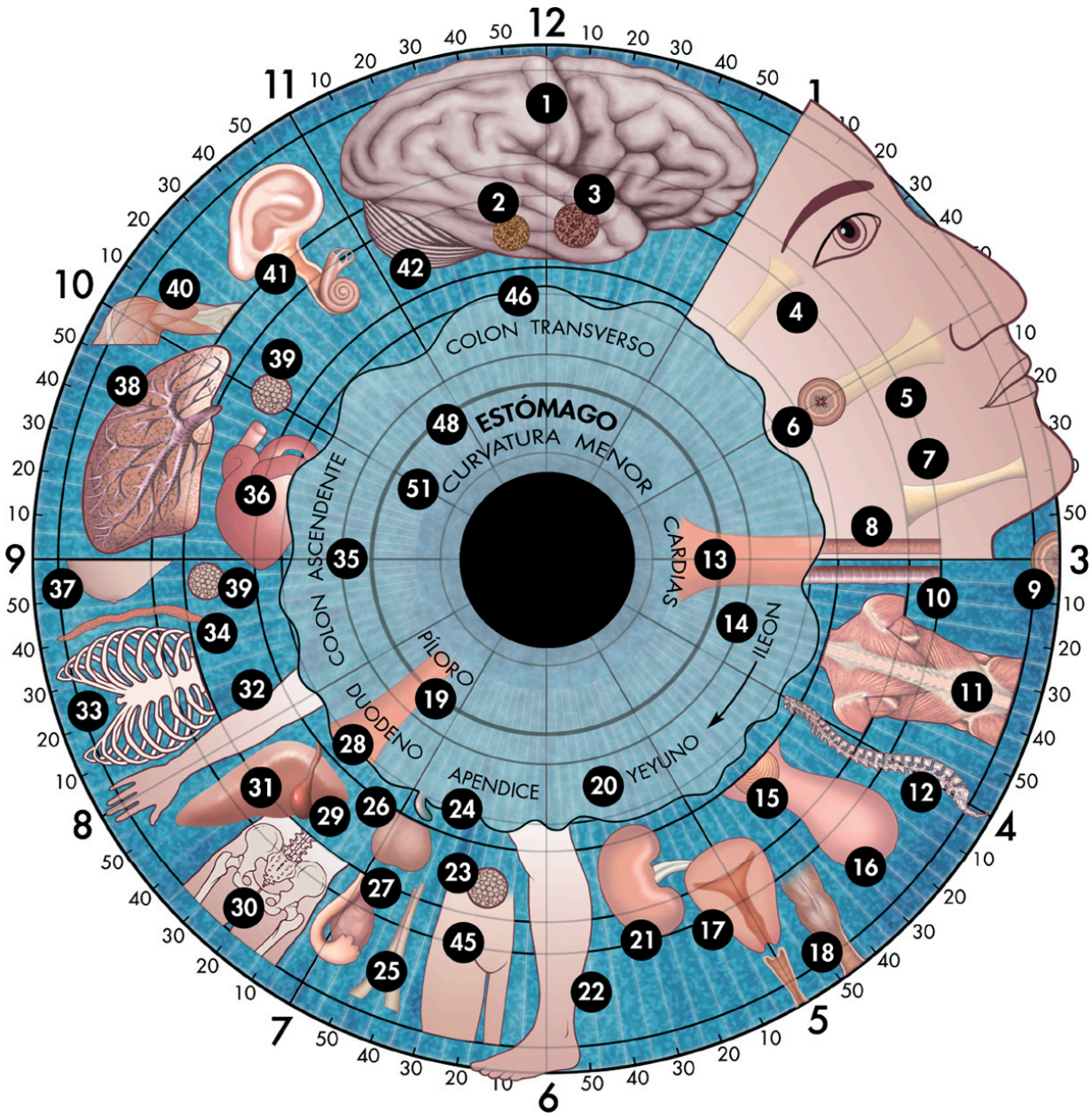
S. Hahnemann Chart



H. W. Schmidt Chart: Right Eye[*10]

1. Brain
2. Pineal gland
3. Pituitary gland
4. Frontal sinus
5. Maxillary sinus
6. Amygdala
7. Lower jaw
8. Trachea
9. Thyroid gland
10. Esophagus
11. Back muscles
12. Spinal column
13. Entrance to the stomach
14. Ileum
15. Prostate
16. Bladder
17. Uterus
18. Anus
19. Pylorus
20. Jejunum

21. Kidney
22. Leg
23. Inguinal lymph nodes
24. Appendix
25. Renal pelvis
26. Testicle
27. Ovary
28. Duodenum
29. Gallbladder
30. Hip
31. Liver
32. Arm
33. Ribs
34. Pleura
35. Ascending colon
36. Heart
37. Breast
38. Lung
39. Axillary lymph nodes
40. Shoulder
41. Ear
42. Cerebellum
43. Pancreas
44. Spleen
45. Groin
46. Transverse colon
47. Descending colon
48. Stomach
49. Ileo-pelvic colon
50. Major curvature
51. Minor curvature
52. Thymus

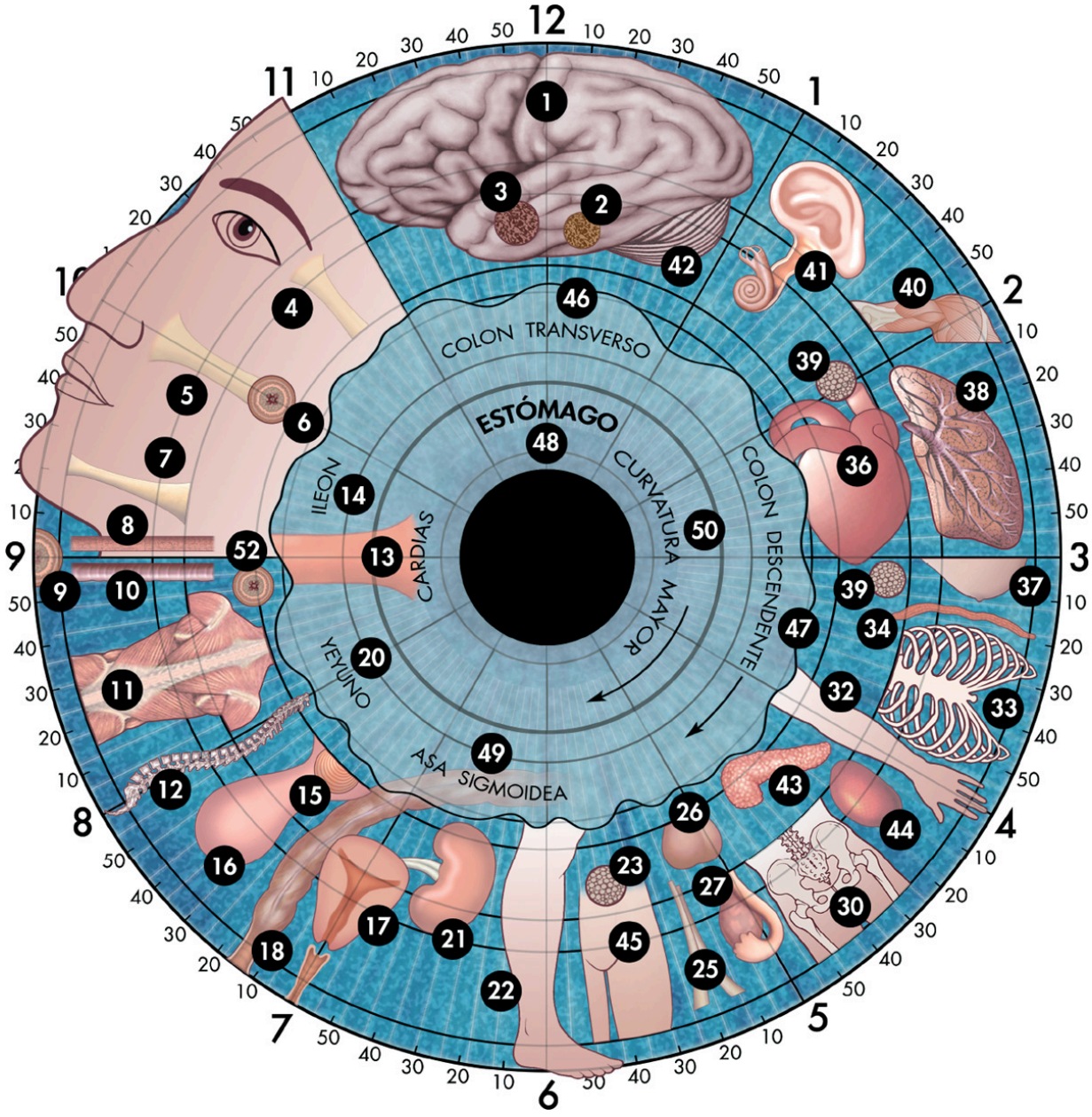


H. W. Schmidt Chart: Left Eye

1. Brain
2. Pineal gland
3. Pituitary gland
4. Frontal sinus
5. Maxillary sinus
6. Amygdala

7. Lower jaw
8. Trachea
9. Thyroid gland
10. Esophagus
11. Back muscles
12. Spinal column
13. Entrance to the stomach
14. Ileum
15. Prostate
16. Bladder
17. Uterus
18. Anus
19. Pylorus
20. Jejunum
21. Kidney
22. Leg
23. Inguinal lymph nodes
24. Appendix
25. Renal pelvis
26. Testicle
27. Ovary
28. Duodenum
29. Gallbladder
30. Hip
31. Liver
32. Arm
33. Ribs
34. Pleura
35. Ascending colon
36. Heart
37. Breast
38. Lung
39. Axillary lymph nodes
40. Shoulder
41. Ear
42. Cerebellum
43. Pancreas
44. Spleen

45. Groin
46. Transverse colon
47. Descending colon
48. Stomach
49. Ileo-pelvic colon
50. Major curvature
51. Minor curvature
52. Thymus



EXPLORING THE RADIAL ZONES

The iris can be divided not just into circular zones but also into twelve radial sectors coinciding with the hours on the face of a clock. In this way, when we talk about the number of a sector, we are referencing a particular hour slot, which is easily located.

We see that, in the iridology chart, the organs located in the upper part of the body are also located in the upper part of the iris, and those located in the lower part of the body are located in the lower part of the iris (the kidneys also appear in this zone). You will observe this phenomenon in the figures over the following pages.

Stomach

Located in the central zone in both irises. The pylorus is located at 7 hours, 30 minutes in the right iris and at 8 hours in the left one. The cardia can be observed at 3 hours in the right iris and at 9 hours in the left one.

Symptomatology: A stomach with an excess or lack of acid will be expressed by "nutritional rings" (chromatic signs located in the pupillary zone). Color modifications must always be assessed in relation to the rest of the color of the iris's stroma. In cases of atrophy, the zone shows a clear depression (excavation in the stroma of the iris). Gastric ulcers are expressed by loss of substance; crypts are also included (see chapter 5).

Depending on the complaints of the patient, the iridologist may need to refer them to a physician to rule out an oncological case.

The intestinal zone identified in both irises gives us information about intestinal processes (colon-duodenum-jejunum-ileum). When the pupillary zone is distended, there is a disproportion between the volume of food that is ingested and intestinal performance; when the pupillary zone is too narrow, intestinal performance is high but nutrition is chaotic.

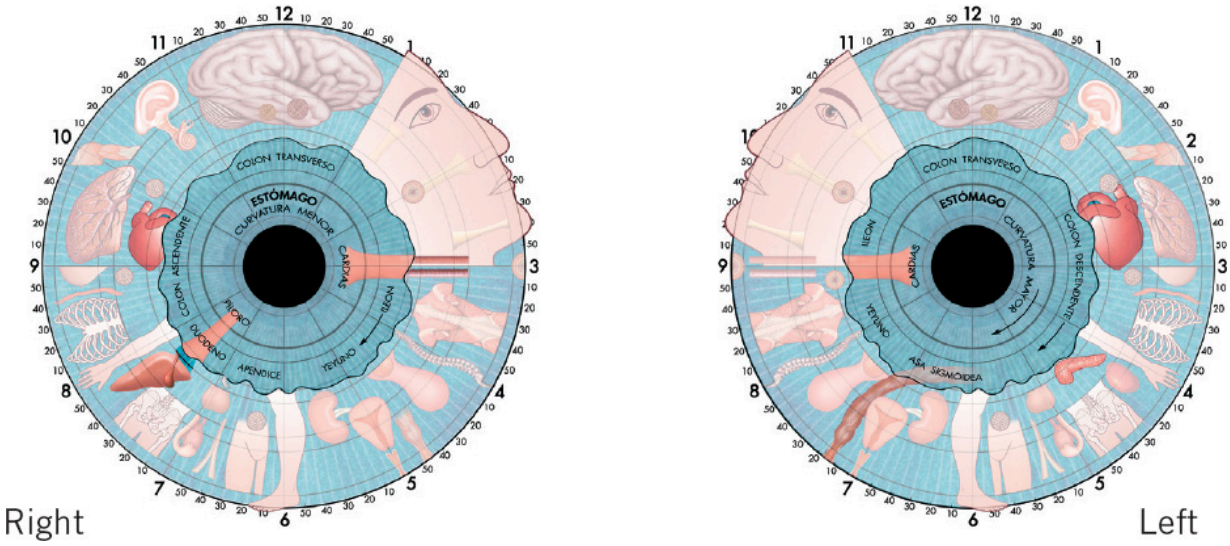
The duodenum and the appendix are reflected in the right iris at 6 hours, 30 minutes, at the border of the pupillary zone.

The rectum is located at the border of the left iris at 7 hours, 20 minutes.

It is very important to assess the border of the pupillary zone in this area, because a distended pupillary zone expresses stagnation or tympanites (Roemheldsyndrome). Hyperplasia at the border of the pupillary zone or

collarette is a sign of spasm and intestinal decompensation. A frayed collarette corresponds to changes in vegetative functions related to atmospheric changes. A doubled collarette could suggest psychosis. Inflammation in the intestinal zone is expressed as reflexive signs in that sector, sometimes vascularized. Small black pigments in the rectal zone, as well as loss of substance and clearances, can also be found, and these signs force the iridologist to rule out oncological phenomena in this part of the organism (let us remember that rectal cancer has become more frequent among males).

Digestive and Cardiac Iridology Chart



Detail of central zone (CZ)

Heart

The heart is mostly located on the left iris at 2 to 3 hours. It is always found on the outer area of the pupillary zone, right next to the collarette or the border of the pupillary zone. A reflection of part of the right side of the heart can also be found on the right iris at 9 to 10 hours.

Symptomatology: Inflammation signs for this organ are expressed by tophi pearls and reflexive signs. These signs originate on the border of the pupillary zone and never reach the border of the iris (the skin ring, in the sixth zone).

Appendix

The appendix is also located next to the border of the pupillary zone between 6 and 7 hours on the right iris.

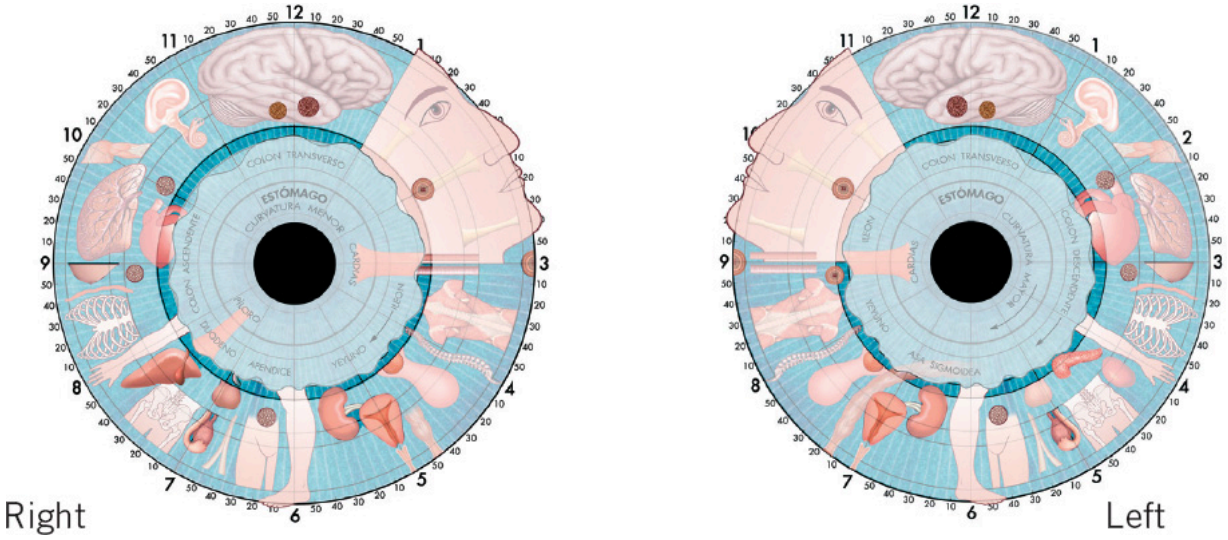
Symptomatology: In chronic appendicitis a soft yellowish-gray color can be observed at 7 hours. People who have undergone an appendectomy usually display signs of loss of substance or signs of defects in this zone.

Pancreas

The pancreas is reflected on both irises, at 4 to 7 hours on the left and at 5 to 7 hours on the right.

Symptomatology: Inflammation signs suggest exocrine involvement, and lacunae suggest endocrine involvement. Here, it is useful to recall the weak connective tissue iris (see chapter 4), which displays plenty of closed lacunae formations that suggest a hereditary predisposition to suffer diabetes mellitus, or giant lacunae on any part of the stroma, as well as a pigment tone and rough surface similar to that of an orange peel. As for the physiological signs, we must not forget sienna pigments.

Glandular and Lymphatic Iridology Chart



Detail of lymphatic ring

Liver and Biliary System

The liver and the biliary system should be assessed parallel to pancreatic function. The liver is located mainly on the right iris, at 7 hours, 40 to 50 minutes. This zone extends from the border of the pupillary zone to the outer border of the iris. On the border of the pupillary zone we can find biliary function.

Symptomatology: To observe the hepatic reflex, we must focus on ocher pigments (this pigment is frequently found on light-colored irises). Inflammation is expressed in the form of tophi pearls and reflexive signs of longer or shorter extension, which can also have a transverse form and sometimes appear with pigments. There are those who identify lithiasis as small spots in this zone, though this indication is not completely reliable. Radial signs, reflections, and winding and transverse vascularized reflections are usually related to the portal venous system (a system that transports blood from the abdominal organs, mainly the intestines).

Spleen

The spleen is located on the left iris at 4 hours, 10 to 20 minutes, almost reaching the collarette.

Symptomatology: Spleen signs are related to orange pigments and compression signs on the border of the pupillary zone. Inflammation of the spleen is rare. A darkened reflexive zone can be observed in cases of heart failure (spleen weakness).

Genitorinary System

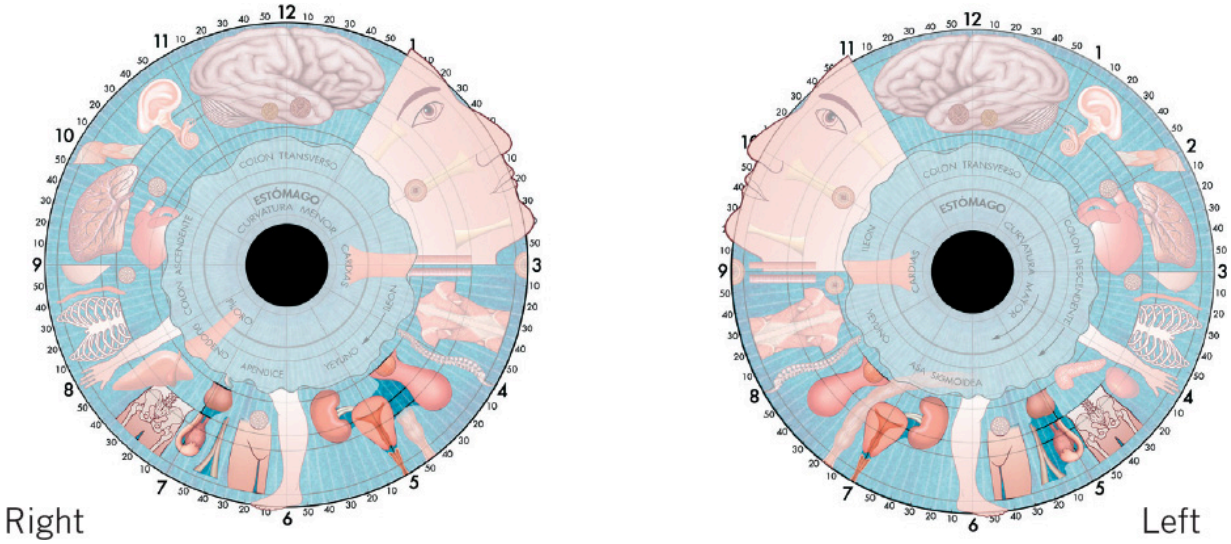
The urogenital tract is on the right iris between 5 and 6 hours and on the left iris between 6 and 7 hours, near the collarette. The bladder and ureters are on the left iris between 5 and 6 hours and on the right one between 6 and 7 hours.

Testicles and ovaries are also located near the collarette, toward 7 hours on the right iris and at 5 hours on the left one. The genitals reach the border of the iris, and the kidneys are located on the border of the pupillary zone.

Symptomatology: It is best when this zone has minimal signs so that we don’t have to talk about predispositions; here we are looking for regular

and uniform stroma, in terms of color. As for the physiological signs, a straw-yellow pigment suggests alterations in urine metabolism. It is also important to take into consideration the constitutions and their dyscrasias, as well as organic markings like honeycombs and crypts. Again, there are those who identify the presence of small dark-pigmented spots as a sign of renal or vesicular lithiasis, but this correlation is not reliable.

Genitourinary Iridology Chart



Detail of the lower part of the trunk

In men, observation of the prostate zone is mandatory; this zone is located on the right iris between 4 and 5 hours and on the left iris between 7 and 8 hours, next to the collarette. An enlarged prostate or prostatic hypertrophy will be reflected as an inward distension on the border of the pupillary zone, toward the pupillary zone. Inflammation signs must also be identified here.

Respiratory System

The respiratory organs can be commonly found on both irises. The nose is located on the right iris at 2 hours and on the left at 10 hours, with the sinuses. Many people show permanent inflammation signs in these areas; the same holds true for the ear. The rest of the respiratory passages, like the

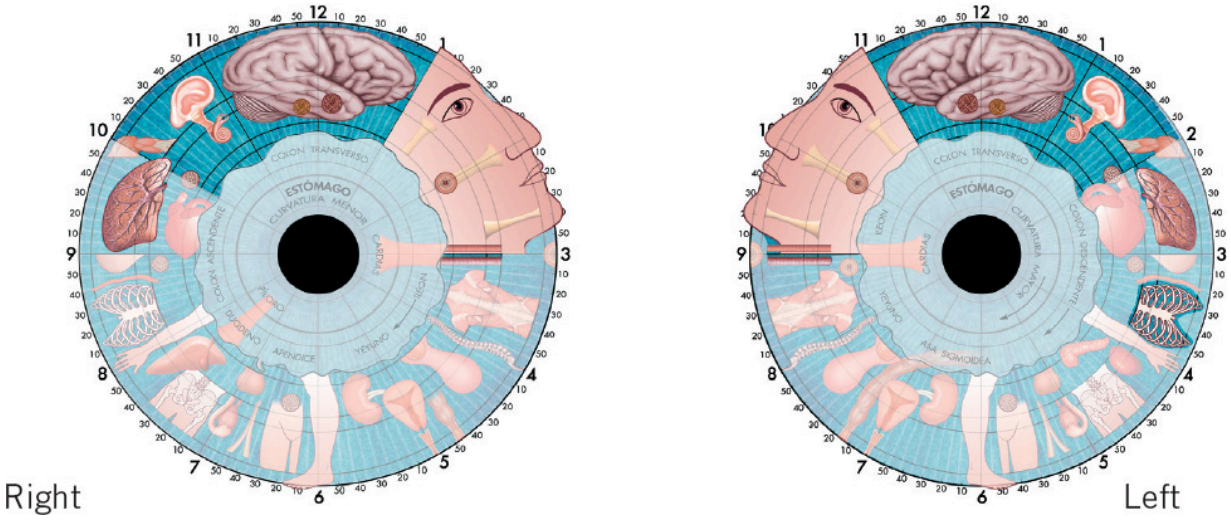
pharynx and larynx zones, are located on the right iris between 2 and 3 hours and on the left between 9 and 10 hours.

Symptomatology: The trachea, lungs, bronchi, pleura, and diaphragm are located between 8 and 10 hours on the right iris and between 2 and 4 hours on the left iris. The most frequent iridology signs for these respiratory passages are compatible with inflammations. Failure signs are often found in cases of COPD. Organic markings like lacunae are often present. When offering guidance to the patient, it is helpful for therapists to give advice correlating the functional relationships of these reflexive signs with the other signs, especially those of renal function (elimination organs).

Locomotor System

Observation of the psoas zone (according to the author) points us to the locomotor system. The lower extremities are reflected at 6 hours, next to the collarette, and reach the periphery of the iris. The upper extremities are reflected on both irises next to the collarette, at 8 hours on the right iris and at 4 hours on the left, and extend all the way to the periphery. An assessment of this part of the body is impossible because the reflex is weak and is frequently superposed with other functions.

Cephalic and Respiratory Iridology Chart



Detail of 180-degree rotation, which shows the location of the head with respect to the rest of the body

Cephalic Zone

For the author, this zone is essentially mute and requires an assessment of the pupil. The paradox is that, despite the fact that the cephalic zone occupies a large space on the iris, anatomists and physiologists have had difficulties creating an iridological map of the functions of the cerebral cortex and the frontal lobe. Radial signs and fibrillar density in the cephalic zone play an important role, but always in relation to the pupil (we must not forget dyscorias). Constitution must also be assessed to accurately determine any predispositions.

Thyroid

The thyroid is really important; it is located on the right iris at 3 hours, and on the left one at 9 hours.

Note: Any assessment or reading of the iris must be interpreted in combination with information from a patient interview and other exploratory data, and a medical diagnosis must be available. Experience is indispensable to continue gaining more in-depth knowledge about the personal chart each iridologist uses. Used with proper measure, and not as a primary tool of diagnosis, iridology can provide satisfactory insights and guidance.

Iridologists Who Follow Peczely's Work

NILS LILJEQUIST

This Swedish minister was sick for seventeen years because of his daily intake of iodine and cinchona bark, among other things. Liljequist came to the conclusion that the presence of pigments on the iris is directly related to the intake of toxins or poisons. He confirmed this observation by studying the eyes of some of his students who were also taking drugs, some of them derived from cocaine and opium. Other toxic principles used at the time were arsenic salts, mercury, iron, lead, and tin. In 1893, twelve years after Peczely published his book, Liljequist published his ocular diagnosis (*Die Diagnose aus den Augen*). One of his most

passionate followers was the French doctor Leon Vannier, a contemporary of Josef Deck.

MAGDALENE MADAUS

In 1916, she confirmed that in a disease, the cause and the effector organ are not the same.

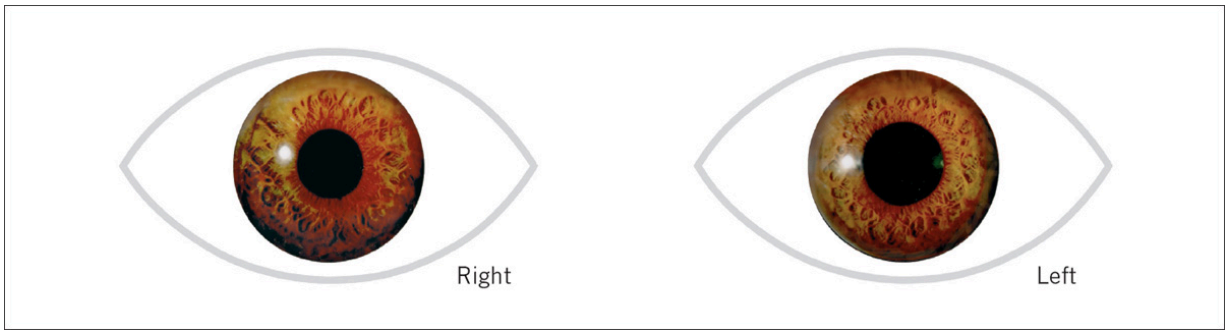
PETER JOHANNES THIEL

In 1902, using his own experiences, he anticipated the subsequent discovery of the bipolar innervation of the iris (1912) by correctly locating the reflexive sign of the nervous system. H. E. Lane (American physician) and I. Felke (German iridologist) were followers of his work.

RUDOLF SCHNABEL

He left precise instructions related to aspects of the iris that have endured unmodified ever since. In his book *Symptoms of the Eyes and Its Annexes* (1921), he interprets reflexive signs on the lens and pupil.

LATERALITY IN IRIDOLOGY



For many practitioners of natural therapy, the importance of laterality is beyond question. Though throughout history some physicians have shown interest in it, the concept of laterality is not usually reflected in iridology charts, probably because it is not a static phenomenon but a dynamic one, where the location of the anatomical-physiological reflection plays a secondary role.

For any person, the right and left irises display differences in color, texture, and signs. No two people have identical irises, and no right iris is identical to the left one even on the same person. This fact takes us to the concept of laterality in iridology.

The causes of this laterality are not easy to determine. Perhaps it arises due to inequality in the functional power of paired organs, to musculoskeletal asymmetries, to neuronal damage, or to different tendinomuscular reflexes. (However, there is one laterality sign that must not be ignored: unequal pupils, in which case we must rule out a tumor by referring the person to a doctor.) The predominance of laterality in certain morbid phenomena—for example, with the right, left, or indifferent laterality—coincides with the laterality attributed to most homeopathic remedies.

In fact, there are people who suffer more on one side of the body than the other, and swear that all their afflictions happen on just that side. For example, it has been observed that when a person with left laterality has a fall, the arm or the leg of that side usually is fractured as a result. So we must ask: Is laterality synonymous with a vulnerable (weak) zone? Or is it synonymous with a more active (strong) zone?

Not many authors have studied laterality, and that is especially true in the field of iridology. Yet we know that pupil inequality or an unequal response of the pupil to luminous stimuli indicates possible relationships with the central nervoussystem. In the same way, but not as worrying as when the pupils are of unequal size, a pupil that is flattened often tells us that the side where a sign is seen does not coincide with the afflicted side, which takes us back to the question we just considered about active versus vulnerable zones.

Curiously, in medicine the following clinical relationships have been described, as if the pathology also displayed a disposition to laterality:

High frequency of severe aches in . . .

Populations with Left Laterality

- Hemifacial atrophy
- Breast tumor
- Pelvic inflammatory disease
- Cryptorchidism

Populations with Right Laterality

- Pleurisy
- Carotid artery aneurysm
- Thyroid disease
- Torticollis
- Varicocele
- Hernia

As can be observed, there is laterality in the clinical domain,[*11] confirming that laterality influences the symptoms and the symptoms influence different parts of the body, and thus it is not absurd to apply it to natural therapies. For example, on an iridology chart, we know that the left side is more important for lymphatic signs, while the right side is more relevant for venous signs.

The dynamic aspect of laterality that was mentioned before is confirmed by the fact that laterality can change with age, moving from the left to the right side, and more rapidly in men than in women. In the same vein, an active lifestyle can be associated with a left pathology and a passive (sedentary) lifestyle with a mostly right pathology.

Homeopaths in particular value laterality because homeopathic remedies tend to demonstrate laterality in their effects. Tests have affirmed that the remedies that are markedly for the right side of the body produce symptoms of aggravation when in contact with light, heat, open air, and movement, but they improve with calmness, freshness, darkness, and rest.

Examples of Remedies that Follow this Pattern

- Apis
- Belladonna
- Cantharis
- Chelidonium
- Lycopodium
- Mercurius
- Phosphorus
- Pulsatilla
- Rhus t.

However, laterality is not always total; sometimes there are crossovers. In iridology this is an important fact because the iridologist who works with charts will often be wrong if he or she does not take symptomatic laterality into consideration. Even magnetizers confirm that the energy of the fingers on the left hand has negative tropism in men but positive tropism in women.

In homeopathy, some of these remedies have crossed laterality:

Upper Right Lower Left

- Barita carb.
- Ferrum metallicum
- Plumbum a.
- Natrum carb.

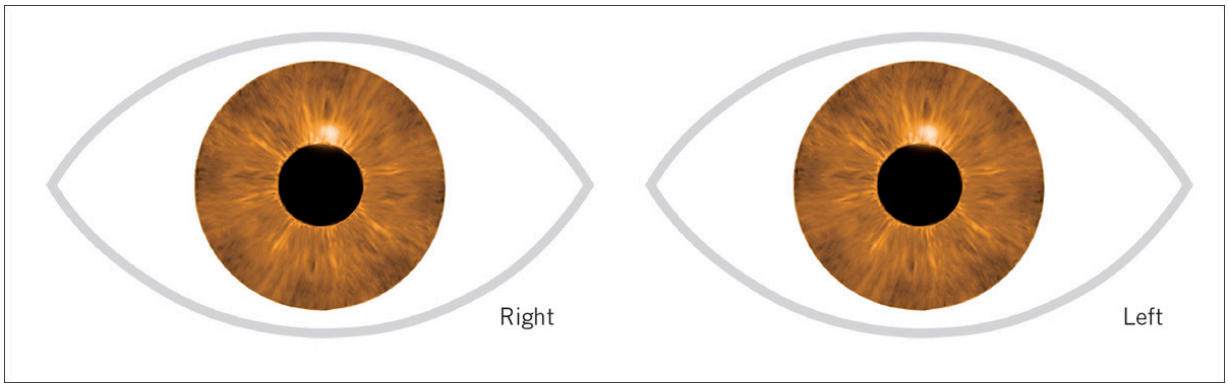
Lower Right Upper Left

- Alumina
- Arnica
- Carbo a.
- Agaricus

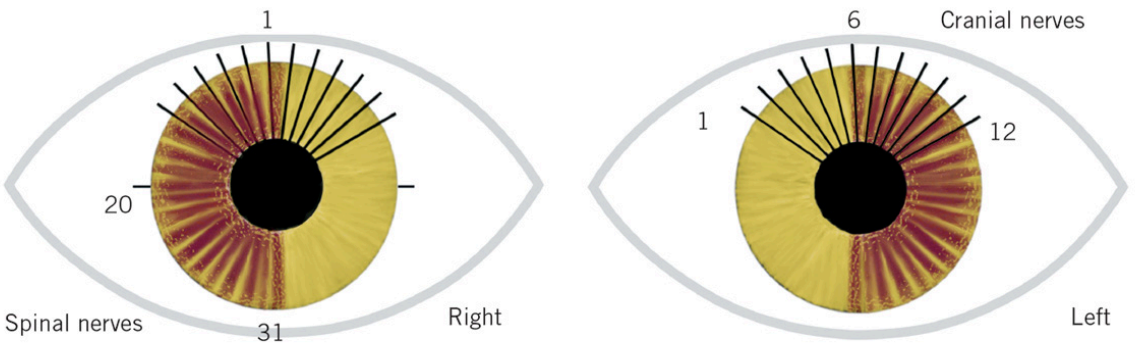
Lastly, we must point out that there are remedies that have an indifferent laterality or that (like homeopathic Lachesis) initiate symptomatology on one side only to later move to the other side. In these cases, this invasion of the other side could be interpreted as an aggravation factor or a functional compensation factor.

A remedy can express laterality according to where the problem of an ill person is, but it can also present in a healthy person. Its cause escapes our analysis, although, as Hahnemann said, "When the explanations are beyond our knowledge, I can only say what I have learned from experience, what I perceive and identify through it."

Pupil anisocoria (a condition in which the pupils are of unequal size) forces the iridologist to rule out tumors, sclerosis, and irritation points. The differences in the size of the pupils of both irises must be assessed as a sign of functional anomaly, because in conditions of harmony and health the tone of the sphincter is equal in both eyes. This difference in size marks a laterality, and its assessment will depend on the etiology that causes the difference. In the case of pupil flattenings, see chapter 7 to learn more about their assessment.



Contributions of the Author to the Iridology Chart



Location of the twelve cranial nerves (in black) and thirty-one pairs of spinal nerves (in red)

4

Crisis, Constitution, and Disposition in the Iris

Such are the eyes, such is the body.

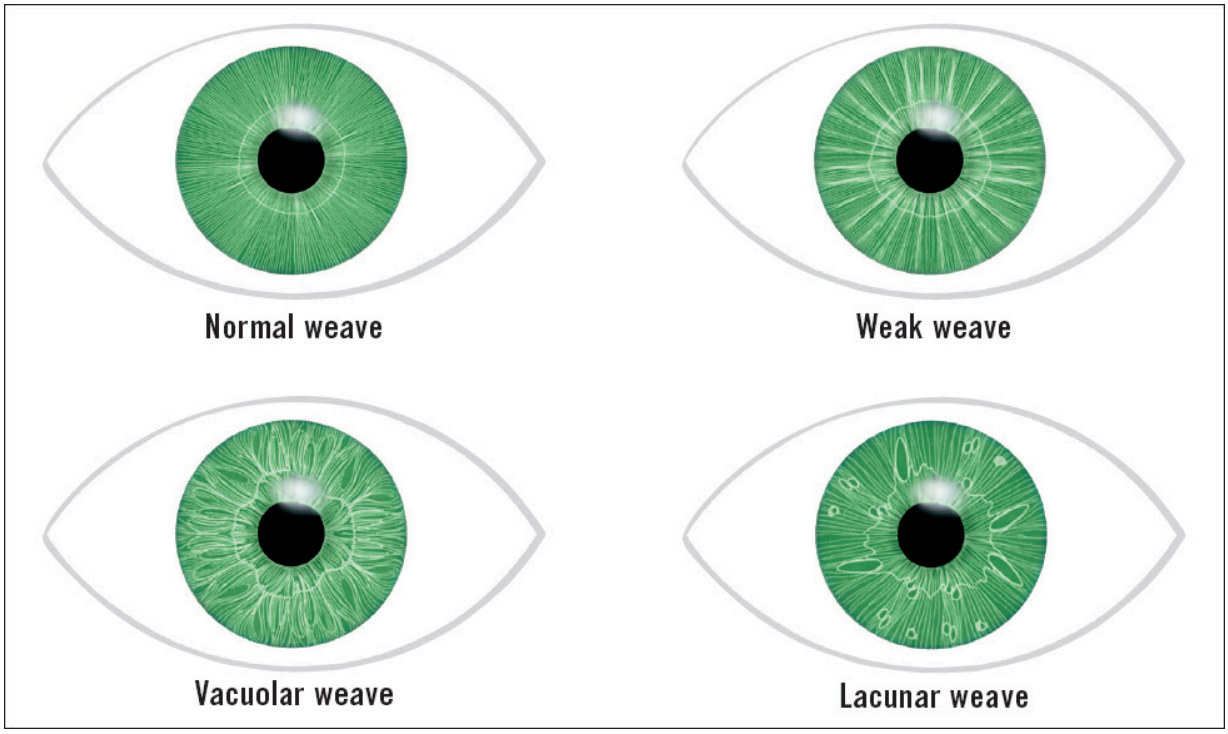
HIPPOCRATES

CLASSICAL AND MODERN UNDERSTANDING OF IRIS CONSTITUTION

For both iridology and biology, the concept of constitution is closely related to genetics. Our constitution is a functional expression of our genetic potentialities, which we call “predisposition” or “disposition.”

The first iridologists observed the changing surface of the iris and connected the concept of constitution to the appearance of the weave (surface) in the iris and its signs: fiber distensions, depressions, bulges, et cetera. Iridological experience has led us to classify irises in four types of weaves: normal weave, weak weave, vacuolar weave, and lacunar weave. In a normal weave, the general color of the iris is evenly distributed across its surface, the collarette is not always present, and no pigment deposits can be observed (see chapter 6 for more discussion of pigments in the iris). In a weak weave, the fibers of the stroma are softly relaxed, forming an image similar to “combed gray hair” (according to Maubach), and heterochromia can be observed in the central zone (CZ). In the vacuolar weave, the collarette is frequently deformed and has lost its circular shape. In the lacunar weave, lacunae and deposits are widely present, as are many other signs.

In our opinion, these different weaves express the potential ability of the organism to produce crises. Let us remember that the term *crisis,* in medicine, means an abrupt and unexpected change in organic function that can mean the end of a pathology[*12] or the beginning of one. We call the first assumption a “healing crisis,” and the second one a “disease.”[† 13] Healing crises are positive, and as we have said before, through the observation of the iris surface as a whole, we can assess whether a person has a high or low predisposition to their development. In multiple cases we have confirmed that people with a normal or weak weave generate crises with more ease, while those who have vacuolar and lacunar weaves have more difficulties.



Our modern assessment does not coincide with that of the first iridologists. According to them, the vacuolar weave, for example, was related to a vulnerable and weaker organism, while those with normal weaves were, in theory, stronger. As far as we understand, this weak–strong dichotomy is not accurate. We can explain why if we establish a parallelism with Bach flower remedies and assign a weak quality to pine and a strong one to oak. We know that in practice this is not the case for pine and oak. One of the reasons is that in nature, what is weak allows the expression of the strong (biological dynamics); so even if the theoretical expectations seem plausible, the outcome may be completely different from what we might have expected: Pine overcomes its insecurities and starts feeling strong, while oak does not correct its inertia and becomes weak. The same thing can happen in people whose irises are supposed to indicate that they are weaker and vulnerable, when compared to stronger ones.

The Modern Constitutional Model

The current constitutional model is different from the classical one of those early iridologists. As will be described in the following pages, this model supports the concept of constitution according to the base or general color of the iris (light, dark, blue, mixed, sienna), where color is an aspect of the

aforementioned gene expression. This new classification has equated to a giant step forward for iridology, and it lets us be more precise and effective in our assessments. The classification was conceived by Josef Deck in the 1950s. Thanks to him and his followers, like W. Schmidt,[*14] today we have the best iris constitution model so far, where a person's disposition to develop this or that disease is key.

Oak bark

Pine bark

Iridology divides constitutions into three groupings:

- Lymphatic constitution
- Hematogenic constitution
- Mixed/biliary constitution[†15]

These are the main constitutional categories; there are also many subgroups in the iridological classifications. Let us remember that the concept of constitution lets us know about not only predisposition but also the sensitization ability of the organism for some drugs and medicines; it will also let us assess the level of inherited intoxication, a genuinely iridological concept.

Classification of constitution based on other parts of the body has already proved its importance in medicine and psychology (we have only to remember Carl Jung, Ernst Kretschmer, Giacinto Viola, and Nicola Pende). It is curious that modern medicine has never been interested in the iris.

MODERN UNDERSTANDING OF IRIDIC CONSTITUTION

THE LYMPHATIC IRIS[*16]

1. Pure Lymphatic

The tendency to fall ill corresponds to an enhanced reactive disposition of the lymphatic system. Reactive processes (crises) are usually produced in the mucosae of the upper respiratory and intestinal tracts, as well as in the stomach, bladder, and genitals. Lymphocytes increase, often comprising 50 percent of total leukocytes.

Disposition: Predisposition to have hyperplasia of the tonsils and nasopharyngeal mucosae. The lymph nodes of the pulmonary hila are often invaded, compatible with inflammations in the middle ear, other lymph nodes, the kidneys, and the rest of the urogenital system. Diarrheas occur. Sugar addiction usually comes with it.

2. Hydrogenoid

Displays a rheumatoid-type reaction due to the deposit of endogenous noxas, as in the case of scrofula. Attention must be paid to where tophi pearls are located (see chapter 6): If they are found in areas related to the connective tissue, muscle pain is likely; if they are located in more central areas, the ailment will affect the bones and there will be joint pain.

Disposition: In this case there is a predisposition to develop rheumatic diseases, eczema, andasthma. We are facing an immune weakness of genetic origin.

3. Uric Acid Diathesis

This type must not be confused with gray irises, because this would lead to an error.

Disposition: There is a predisposition to get rheumatic diseases, especially gout and lithiasis. This is a genetic anomaly expressed in the

metabolism. This type of iris shows that therapy should focus on activation of renal function to encourage greater elimination of uric acid.

4. Weak Connective Tissue

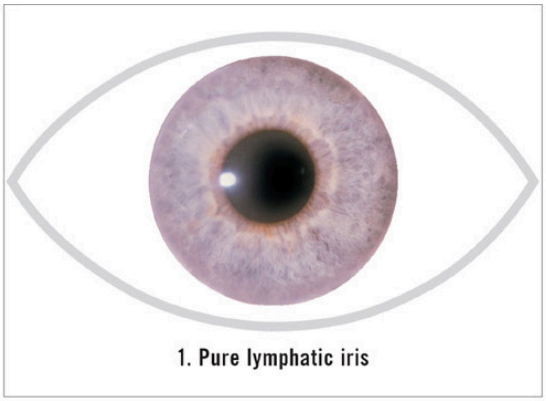
This type has a loose elastic structure, with susceptibility to varicose veins, hernias, hemorrhoids, atrophies, organ "detachment," and partial edemas.

Disposition: Weak mesenchyme, with chronic induration of the glands, pus, fistulas, and immune weakness during infections. The person tires easily during the day and feels agitated at night. The relaxed tone of the connective tissue can justify a state of constipation. A child with this constitution has difficulty learning to walk and tends to wet the bed. People of this type should not eat large meals; they must watch their weight, be careful not to overload the lumbar area, and do light sports with body work.

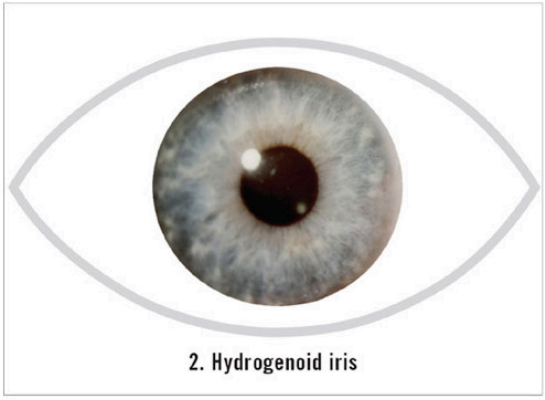
5. Neurogenic

This type has a tendency to suffer from neuralgias, headaches, and migraines due to vascular spasms. Irritability and weakness of the central nervous system are typical.

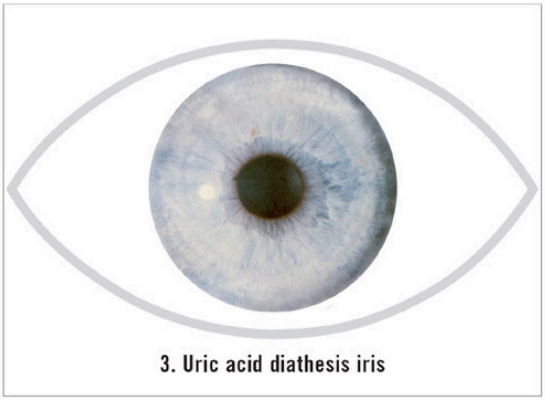
Disposition: Prone to inflammations and prevention of fatigue and states of nervous depression, to which they are well accustomed to.



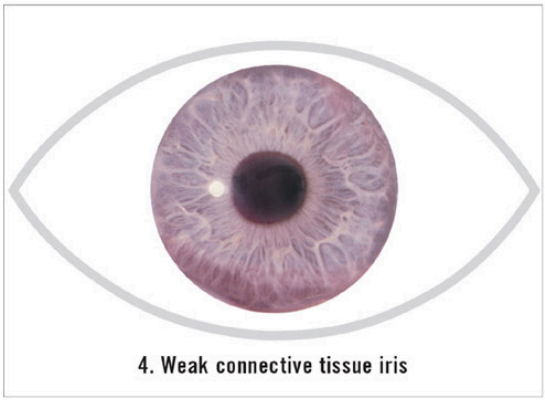
1. Pure lymphatic iris



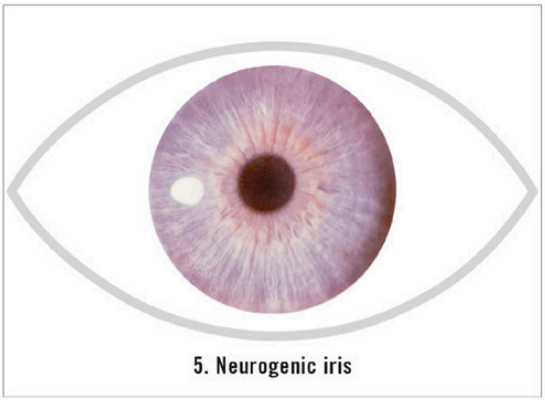
2. Hydrogenoid iris



3. Uric acid diathesis iris



4. Weak connective tissue iris



5. Neurogenic iris

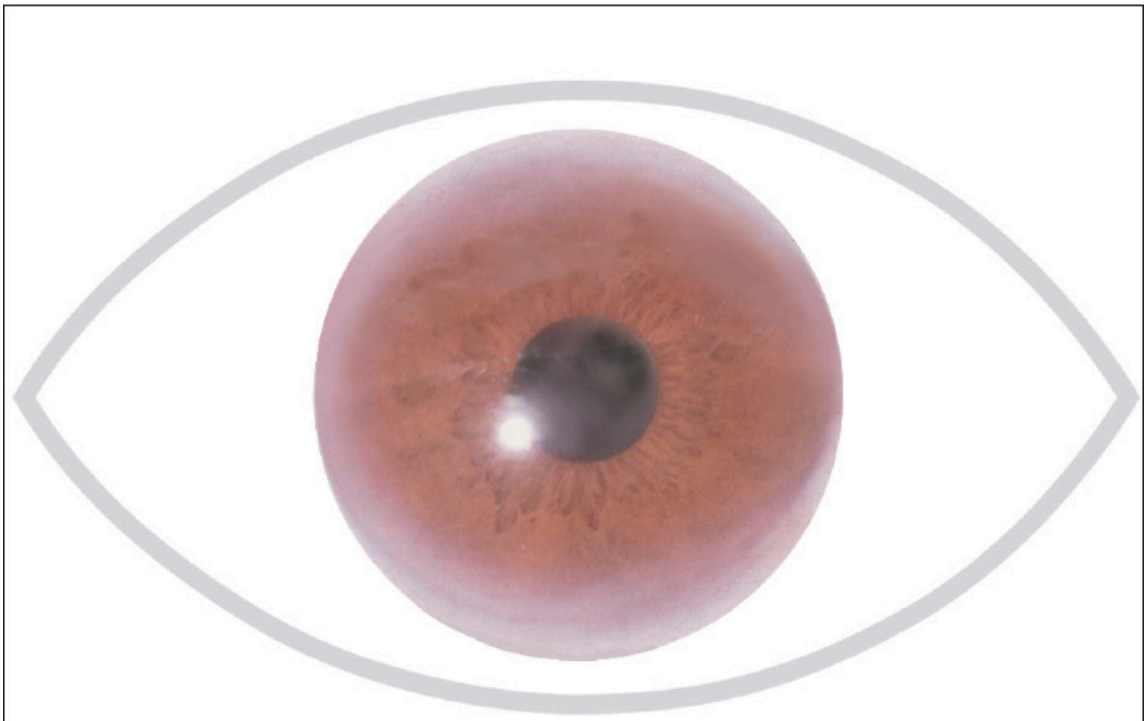
MODERN UNDERSTANDING OF IRIDIC CONSTITUTION

THE HEMATOGENIC IRIS[*17]

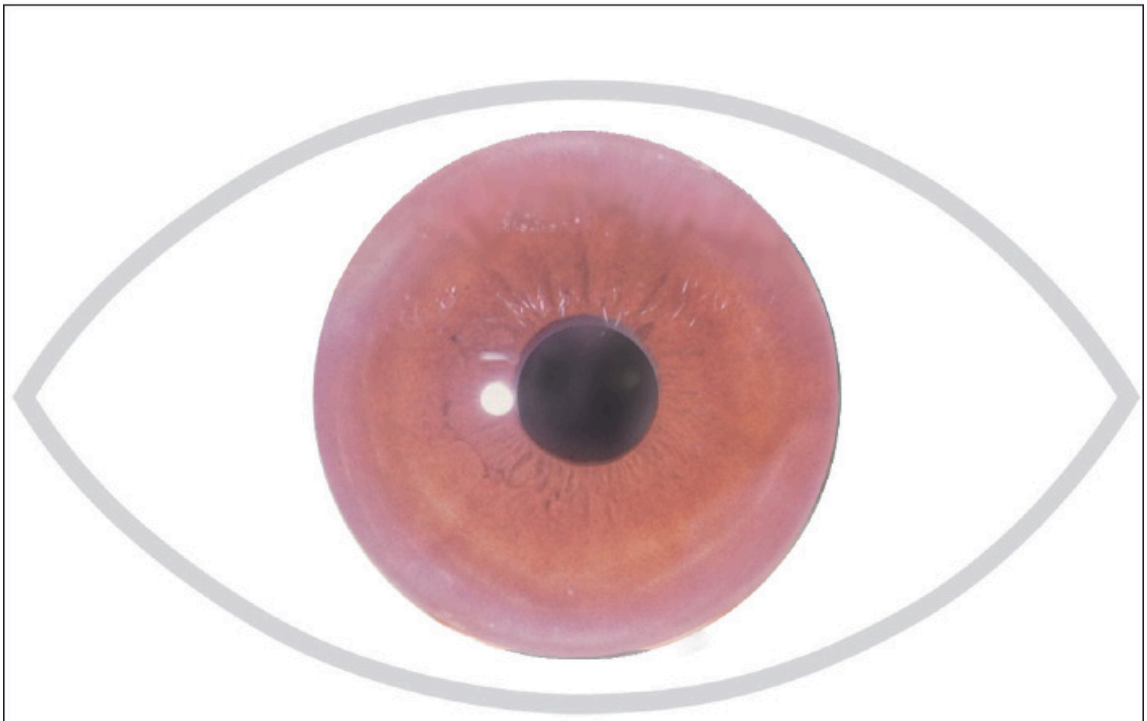
1. Pure Hematogenic

As the etymology of the term suggests (*haima:* blood; *gignomai:* genesis), this is a constitutional type that tends toward blood dyscrasia. Reflexive signs that suggest irritations, et cetera, can be observed on irises of this type, in the same way as in lymphatic constitutions.

Disposition: People with this constitution have a tendency to suffer from illnesses related to blood (formation, conduction, and glandular). Compared to the lymphatic constitution, it can be observed that in hematogenic types there are no increases in leukocytes and lymphocytes, but rather a decrease.[†18] People of this type rarely exhibit fever, but they do have a tendency toward lymphocytopenia and should be evaluated for carcinoma.



1. Pure hematogenic iris



2. Latent hematogenic iris

2. Latent Tetanic Hematogenic Type

Seventy percent of tension rings are found in people with hematogenic or mixed irises. People of the latent tetanic hematogenic type have psychosomatic tensions. Their behavior can be compared to that of hares, because they have the same spasm rings or arches in their irises.

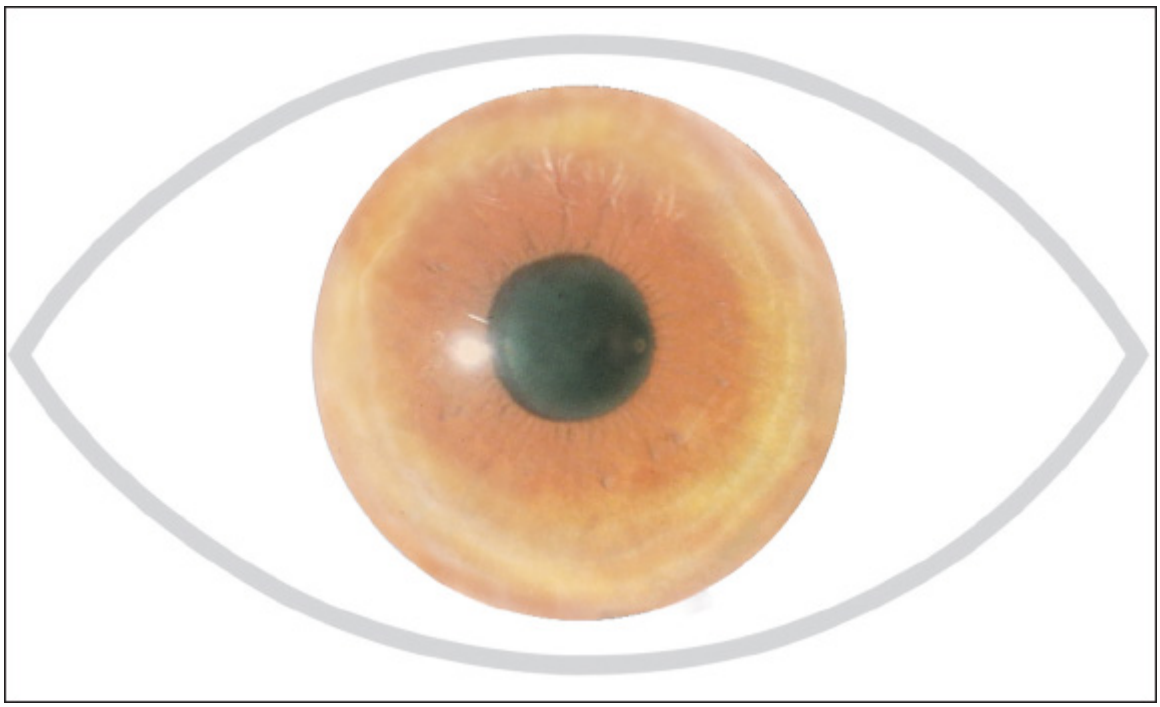
Disposition: There is a tendency toward thyroiditis, strumitis, parathyroidism, claustrophobic sensations, hysteria, abdominal spasms, accelerated heart rate, circulatory problems, angina pectoris, pain in the extremities, hypocalcemia, migraines, and neuralgias. People of this type often have difficulty breathing, with a sensation of tightness in the neck area (globus hystericus). They usually have sugar metabolism syndromes and are addicted to sugar. Their pupils react strongly to light.

MODERN UNDERSTANDING OF IRIDIC CONSTITUTION

THE MIXED IRIS[*19]

Although macroscopic observation of these irises tells us they are brown, when we look at them under a microscope we can observe overlapped layers of different colors. We also observe the presence of tension rings.

Disposition: People of this type are predisposed to damage in the hepatic parenchyma, pathologies of the gall-bladder, and hepatic stagnation. They can feel their heart, a state that can be attributed to thyroid dysfunctions, but it is important to rule out heart diseases (heart failure). They may experience episodes of pseudo-angina pectoris during the night. They can be uncontrolled binge eaters, with an inclination to suffer from diabetes.



Understanding Disposition

Do not interpret the iridic constitutional model—using the color of the iris to determine constitutional type—as a predictor of disease. In other words, it would be completely wrong to observe the iris and then declare that the person suffers from rhinitis, lithiasis, cancer. . . . This is not the essence of iridology.

There is a fine line, almost invisible to some, that connects disease to the disposition (potential gene expression) of a person toward particular illnesses, and it comprises the environment, or even more precisely, the alteration of the environment. With every new century, human beings acquire new technological tools that are more powerful and sophisticated and are able to modify our environment in ways that were unimaginable centuries before. Sometimes these changes are sources of disease because they awaken predispositions linked to genetics (some examples are explained in this book). Let us look at one example: In the nineteenth century, urban planner Ildefons Cerdà designed the neighborhood of Eixample in Barcelona. His plan called for blocks of homes with garden areas that, in time, were used to build more houses. Today, on these inner patios and rooftops we find huge machines for air conditioning that during the summer create heat and noise, contributing to an increase in the temperature and noise in the city's environment. This energetic alteration of the environment evidently awakens the disposition for allergies in people with certain types of irises.

It is important to understand and be properly trained in the use of the color-based constitutional model. In this way, situations where an iridology apprentice frightens or worries patients can be avoided. Nevertheless, when an iridologist

correctly interprets constitution and predispositions, he or she can guide the client to the correct path for healing and health.

5

Fundamental Signs of Iridology, Part 1

The Basic Morphological Markings

The eyes are the mirror not only of the soul but also of the body.

IGNAZ VON PECZELY

ORGANIC MARKINGS

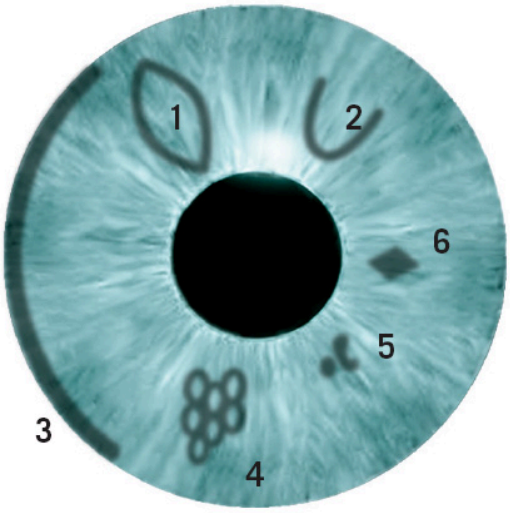
We call signs that mark changes on the surface of the iris since birth *organic* or *morphological* signs. Their nature is genotypic, and given that fact, they can be related to the iridology chart in its radial or sectoral version. These morphological markings were identified by Josef Deck in the mid-twentieth century as lacuna, honeycomb, crypt, defect, and skin ring.

Lacuna

A lacuna is an elliptical morphology of variable size, with changes in both the greater and minor axes. Located preferentially in the ciliary zone of the stroma, and in the whole range of the chart, a lacuna coincides with fiber distension; it is not frequently found in the first and second circular zones of the iris. It can be closed or open, and it signals organ failure, with no clinical expression, that will become evident only with the presence of infectious processes, lesions that involve the organ, or old age. H. W. Schmidt and Josef Deck both agree that an open lacuna indicates a predisposition toward sudden organ failure. The sectors most frequently marked by this sign are the brain and the heart. There are iridologists who believe that a closed lacuna indicates a concluded process, though there are many doubts regarding this, and it is a controversial issue. There are many descriptions for the peculiar shapes of lacunae and their whimsical combinations in the iris, but even today these different shapes have no clear and conclusive meanings.

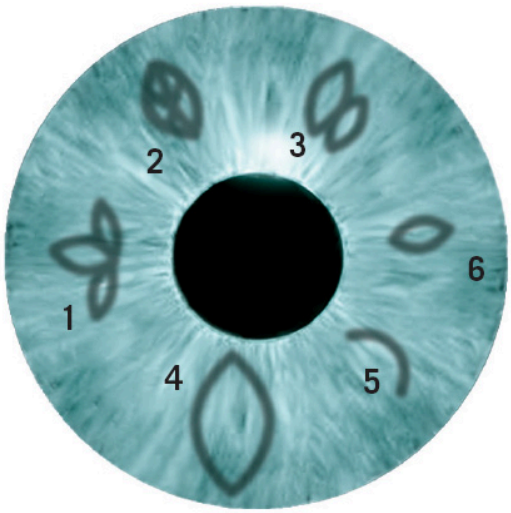
Honeycomb

The honeycomb or cluster marking has plurilacunar morphology, being shaped like the cells of a beehive. This marking indicates a loss of function due to nutritional disorders, which can evolve to a state of cirrhosis. The most frequently marked sectors are the pancreas and lungs.



Organic markings

1. Closed lacuna
2. Open lacuna
3. Skin ring
4. Honeycomb
5. Defect
6. Crypt



The different shapes of lacunae

1. Flower lacuna
2. Leaf
3. Twins
4. Giant
5. Split
6. Torpedo

Crypt

A crypt has a rhomboid-shaped morphology, with loss of substance. It indicates chronic damage, or an ulcerous area with a tendency for perforation. When it comes with pigments like the one called “pepper grain,” it indicates a predisposition toward relapsing ulcers. The most frequently affected reflexive areas are the stomach, intestines, and pancreas. (Cysts with a tendency toward necrosis can be formed in the pancreas.) The base layer of the iris is observed in a crypt.

Defect

Morphologically, a defect is similar to a small buttonhole, dot, or virgule (a very small line or radius). It is a deep mark, where the base layer of the iris can be observed, just like in a crypt. Its meaning is no different from that of

a crypt (tissue destruction, scarring), and it is compatible with intestinal polyps and diverticula.

Loss of substance: We use this term to describe a distension and gradual loss of stroma fibers. Defects and other organic markings are sometimes accompanied by loss of substance. However, it is necessary to differentiate the defect from said loss. Loss of substance implies benign tissue changes of accommodation with loss of function, though that function is recoverable.

Skin Ring

A skin ring indicates the functional state of the skin.

- Clear: good health
- Clear spots: rash
- Reflexive signs: elimination
- Very marked: rash suppression

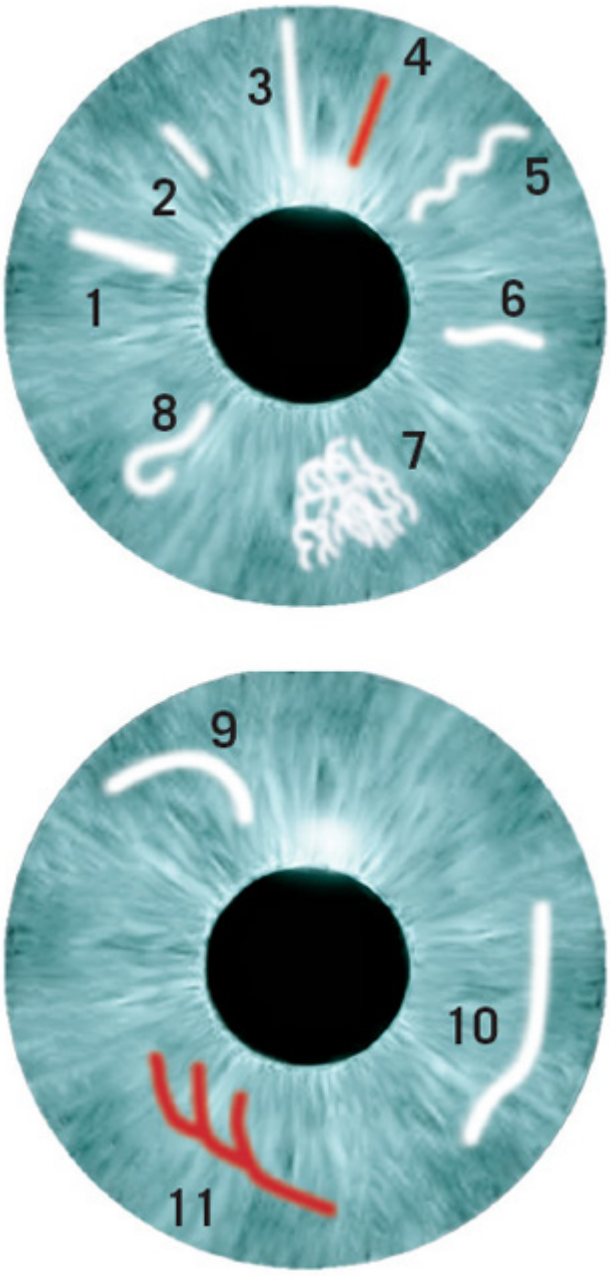
REFLEXIVE SIGNS

Reflexive signs correspond to body levels (sectors) in the iridology chart. Their nature is phenotypical, and they are organic alerts or in situ reparation signs, showing that the body is in a state of defense or repair. They follow vascular and nervous pathways, with calibrated changes, and can be observed for days or even months, depending on the process taking place. Reflexive signs are reversible, with the exception of the transverse ones, which, once present, never disappear.

Reflexive signs can generally be categorized as one of the following:

- **Radial sign:** Signals an acute irritation state and swollen tissue. Depending on the chart, it can be a sign of cardiac neurosis.
- **Vascular radial sign:** Signals intense irritation and capillary stasis.
- **Sinuous or curved sign:** Signals ptosis (drooping of the upper eyelid) or adhesions.

- **Transverse sign:** Signals adhesions or deformations, which calibrated changes following the changes in the relevant process.
- **Vascular transverse sign:** Shaped like a root; signals congestion or hyperemia.
- **Radial silver thread:** Signals spasmophilia.
- **Reticular or neural network:** Signals nerve inflammation.
- **Radial fish hooks:** Signal psychic spasm.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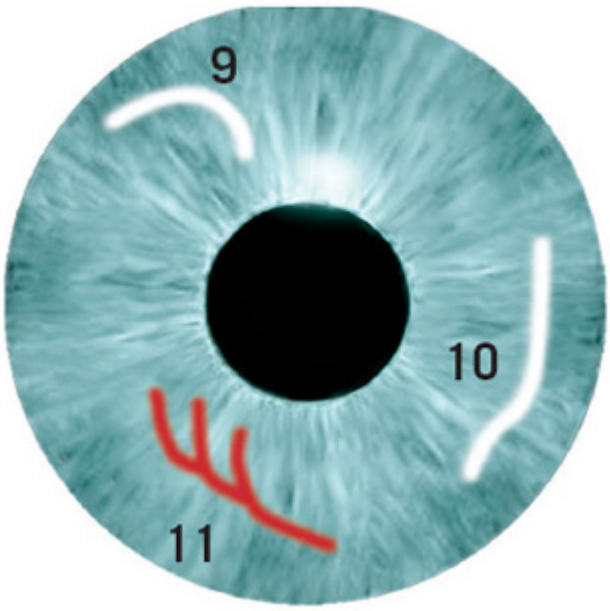
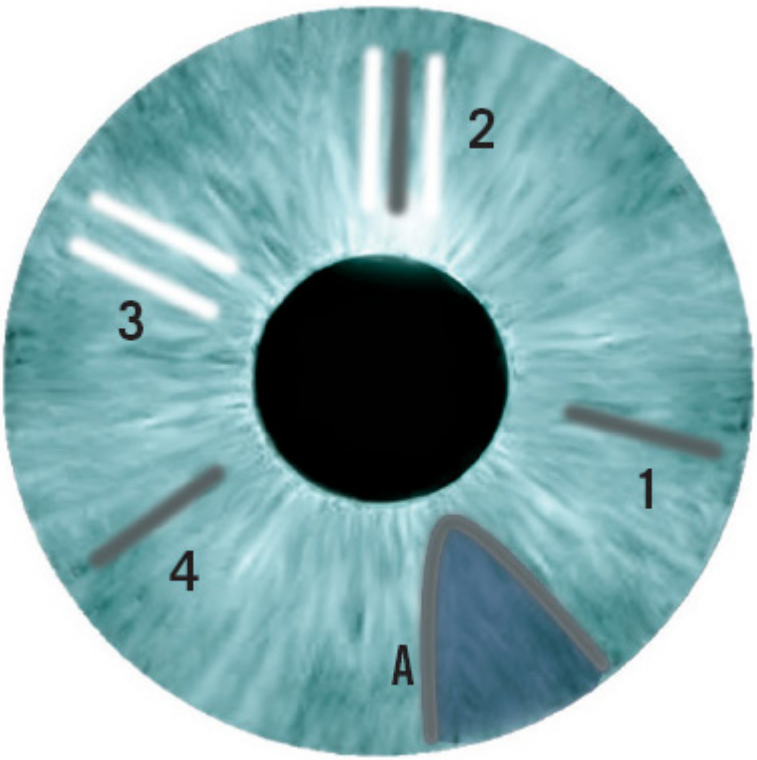


Reflexive signs

1. Thick radial sign
2. Short radial sign
3. Fine radial sign
4. Radial sign with vessels
5. Sinuous sign
6. Radial silver thread
7. Neural or reticular network
8. Radial fish hook
9. Curved sign
10. Transverse sign
11. Vascular transverse sign

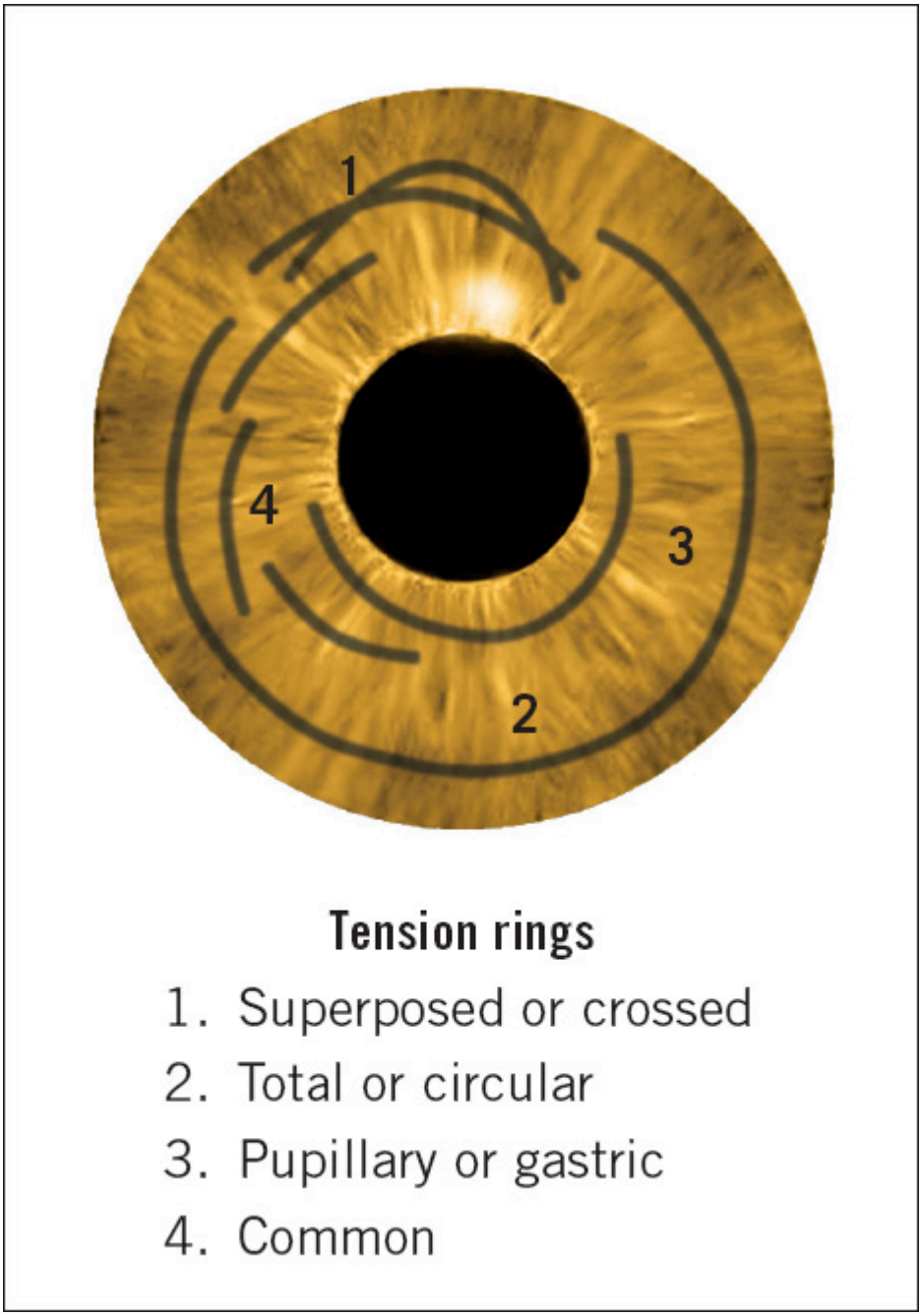


Sequence of signs with the occurrence of a lesion (according to Ignaz von Peczely): Tissue damage (1) leads to inflammation and repair (2), concluding in the lesion being either repaired (3) or not repaired (4). Loss of substance (A).

Aside from the markings described above, there are a few other reflexive signs that are also very common: tension rings, furrows, radii solaris, and mamillations.

Tension Rings or Arches

It is a common mistake in iridology to associate this sign with nervousness, when in reality it indicates a predisposition toward muscle spasms in both smooth and striated muscles. For a person with this tendency, factors that favor a spastic disposition include local irritants, intense cold, lack of blood supply, and excessive exercise.

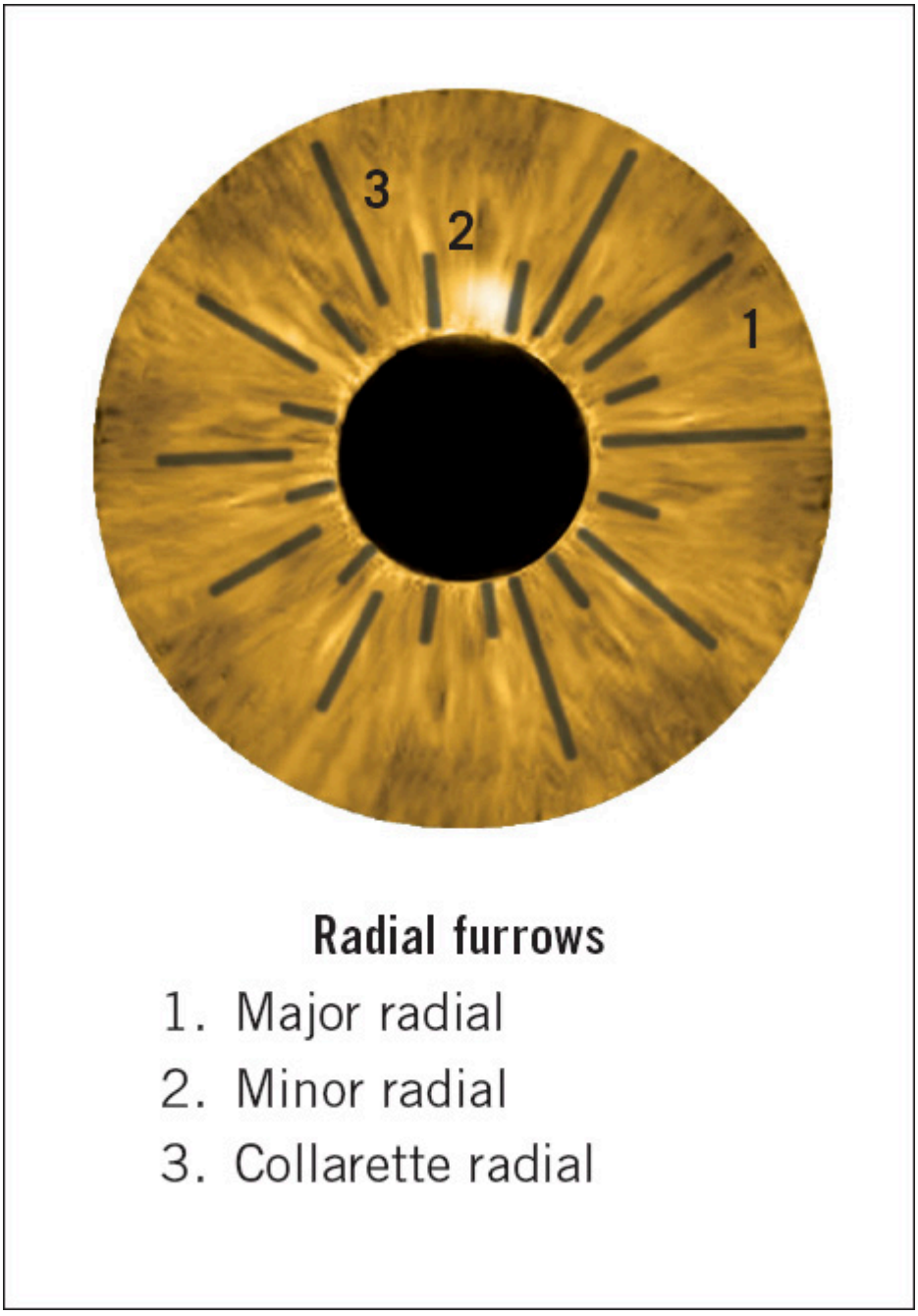


This sign has various manifestations, all with the same meaning. It occurs more frequently in people with chestnut or mixed-colored eyes and is less evident in people with blue or gray eyes.

Tension rings are located in the ciliary zone, from the collarette to the border of the iris, and are rarely located in the pupil zone. They are also known as Schwalbe contraction folds or furrows.

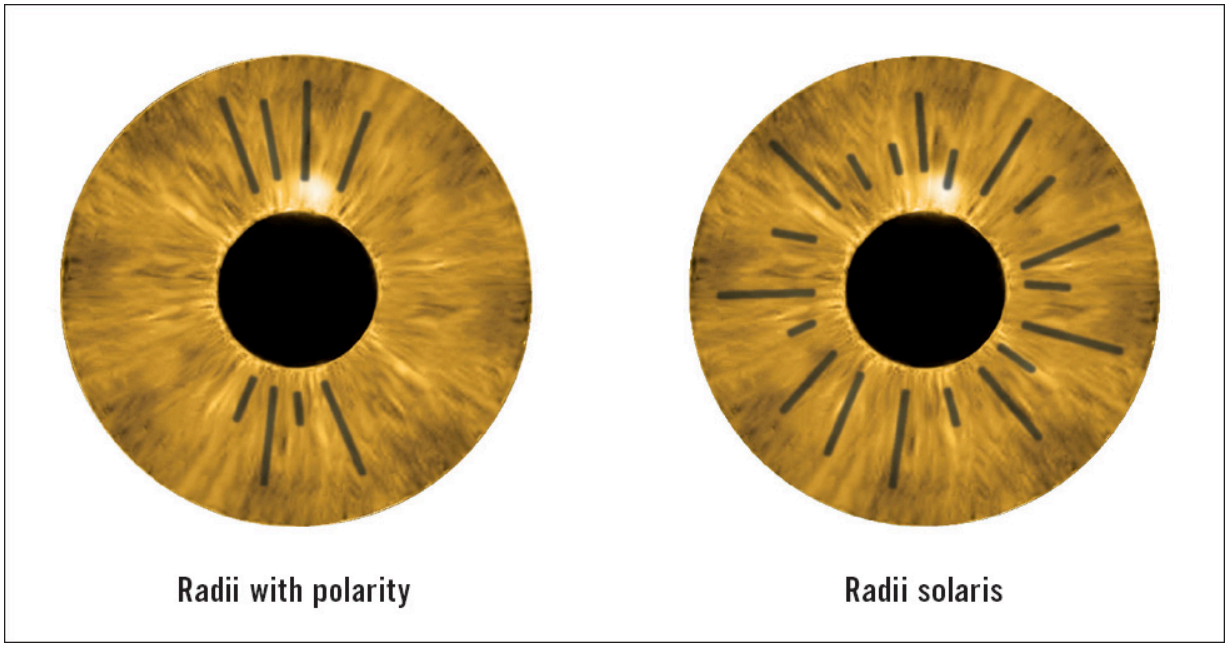
Radial Furrows

Radial furrows are most commonly found in the cephalic and ventral zones, and their presence allows us to connect ailments with a predisposition toward gastrointestinal symptoms and constipation. Radial furrows have many manifestations, all with the same meaning. They occur more frequently in people with mixed-colored eyes. Some iridologists believe that short radials are more common as we age, but that theory remains to be documented.



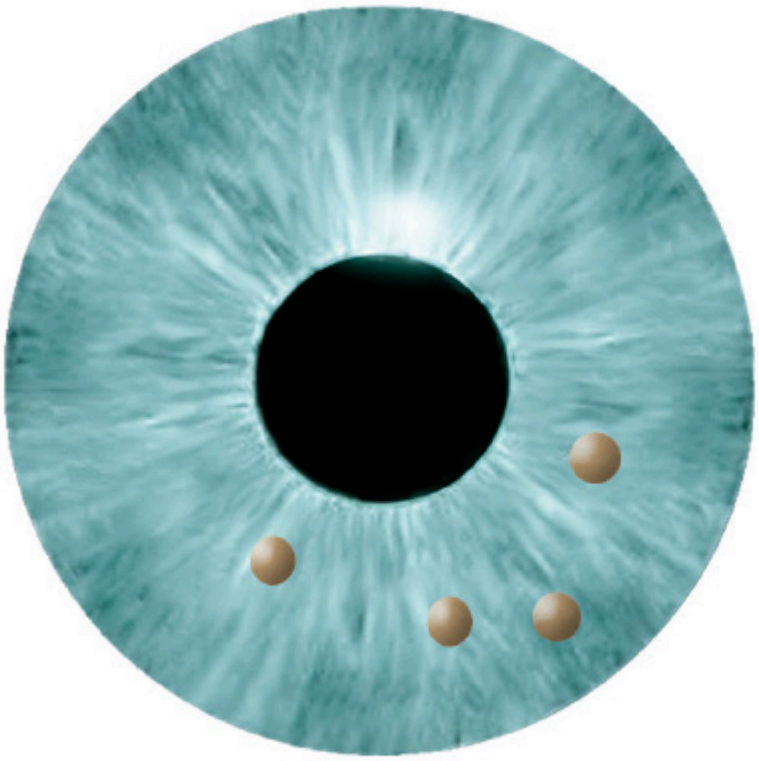
Radii Solaris

Multiple radial signs are related to the predisposition to suffer from chronic fatigue.



Mamillations

According to J. Andrews, mamillations are a sign of immune hypersensitivity, with increased presence of macrophages (cells able to perform phagocytosis with large particles).



Mamillations

6

Fundamental Signs of Iridology, Part 2

Chromatic Signs

Iris, glory of the sky, who was it conveyed you, cloud-borne, down to me here on earth?

VIRGIL, *AENEID*

PIGMENTS IN THE IRIS

According to the current point of view of iridology, pigments that overlap with the general color of the iris are classified as physiological signs. Since it could be said that pigments are the "jungle" of iridology, where there is an excess of "exotic plants," we must learn to identify the pigment lines and their interdependencies; the rigorous and careful practice of iridology is the best tool to accomplish this.

The two anterior layers of the iris are formed by connective tissue. Inside them we find very special transparent cells called melanocytes, which originate in the neural crest; they synthesize pigment granules and are responsible for many of the "iris spots," as they're commonly known. We must note that simply observing the color of these spots does not provide information on their biochemical composition.

In many cases, it is evident that the pigmentations or chromatic deposits overlaid on the general color of the iris follow a preset plan that may be possibly coded on a genetic level. In other cases, we can see that chromatic markings or deposits are physiological signs related to the phenotype.

Ignaz von Peczely and Rudolf Schnabel observed that pigments located near an organic sign indicate chronicity of the process and complications with the related reflected organ, and these manifestations are frequently found in the ciliary zone. Depending on their location, they are called central heterochromia (in pupillary zone), sectoral heterochromia (in the radial part of the pupillary and ciliary zones), or simply pigments (in the ciliary zone).

In cases of vitamin A synthesis disorders or where pyrrolic rings (heme) participate, there will be pigments. And we must not forget about the synthesis of melanin, which is mediated by pituitary hormones, whose final formation of black pigment goes through several colorations that are not so dark. As Eli G. Jones said, "The eye will tell you if the glands are working properly."

Throughout the history of iridology, there have been two hypotheses regarding the orientation and meaning of the pigments. The first one, proposed by Nils Liljequist, considers pigments in the iris to be a secondary effect of drugs or medicines. He charted the pigments related to drugs,[*20]

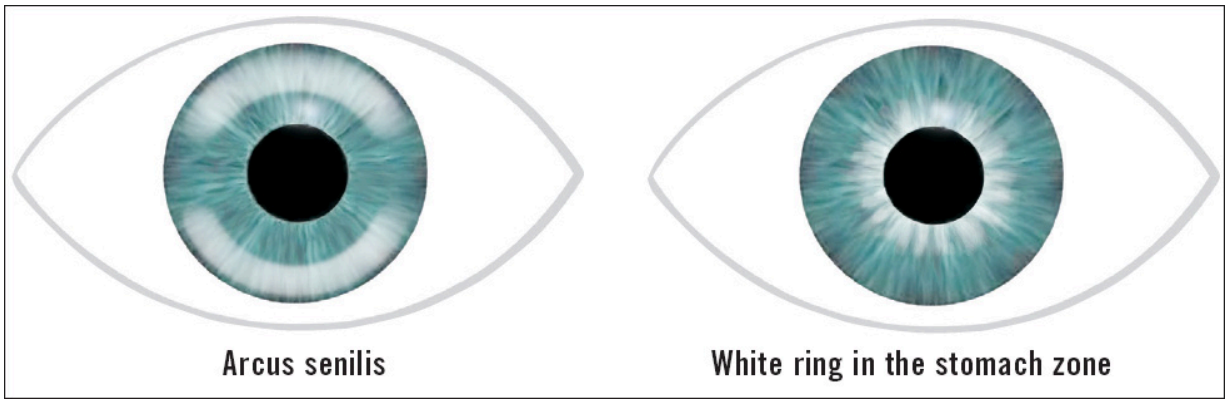
and Henry Lindlahr later developed this list in further detail. The second theory, elucidated by Josef Deck, H. W. Schmidt, and Joseph Angerer, among others, considers chromatic signs in the iris to be functional—that is, genetic—and indicative of predispositions to certain kinds of diseases and reactive adaptations.

CHROMATIC SIGNS AS INDICATORS OF INTOXICATION

At the beginning of the twentieth century, iridologists like Lindlahr attributed many of the pigments in the iris to intoxications with heavy metals and inorganic compounds. Lindlahr was certain that minerals of inorganic origin accumulated in the organism with more ease than those of organic origin, and that they were more harmful.

As an example, we can look to the arcus senilis, or gerontoxon. This sign indicates low vitality and weak brain tissue. If a yellowish pigmentation is found inside the ring, it is probably caused by quinine. If the ring is surrounded by white deposits, it is a sign of too much bicarbonate. Salts that contain sodium, like sodium salicylate, sodium sulfate, and sodium bromate, form similar deposits. These deposits in the brain tissue can cause serious deterioration of the memory and other mental processes.

A white ring in the stomach zone indicates the presence of strychnine (a drug extracted from the nux vomica tree and used to alleviate the paralyzing effects of mercury). This sign is easily recognizable for its regular structure and fine radiations. If it is manifested imperfectly, it indicates atrophy in the digestive organ.



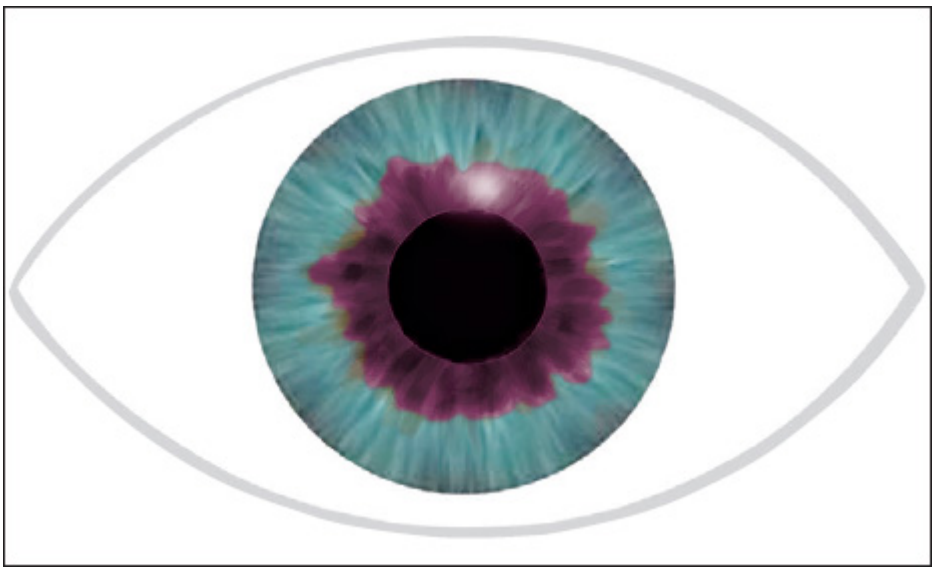
Arcus senilis

White ring in the stomach zone

Now let's look at some of the drugs described by Liljequist and Lindlahr and the chromatic signs they initiate.

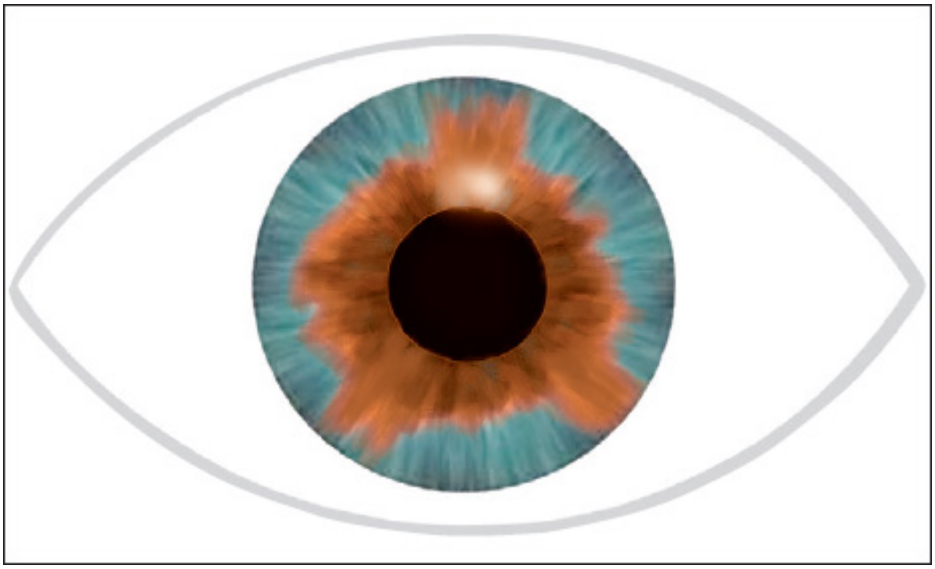
Iron

A ring in the intestinal area with a brownish pigment (the color of dirty rust or rusted iron) is a sign of iron deposits. Inorganic iron has an astringent and paralyzing effect. "I have seen this sign hundreds of times in patients who take iron as medicine," said Lindlahr.



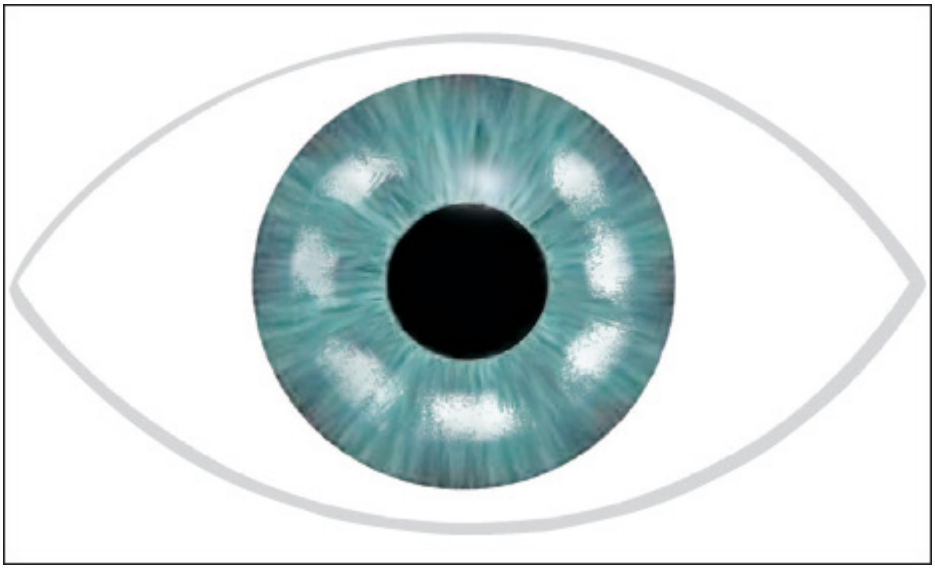
Iodine

In a blue iris, bright red spots with blurred borders are signs of iodine. During an elimination crisis, which happens mainly through furuncles, people in this situation may notice a taste of iodine. Red spots surrounded by white are found in patients who take potassium iodide. Iodine was an alternative to the mercury taken by patients to treat syphilis. "Iodine intoxication can be found in one-quarter of the examined patients," said Lindlahr; Liljequist himself experienced it in the flesh.



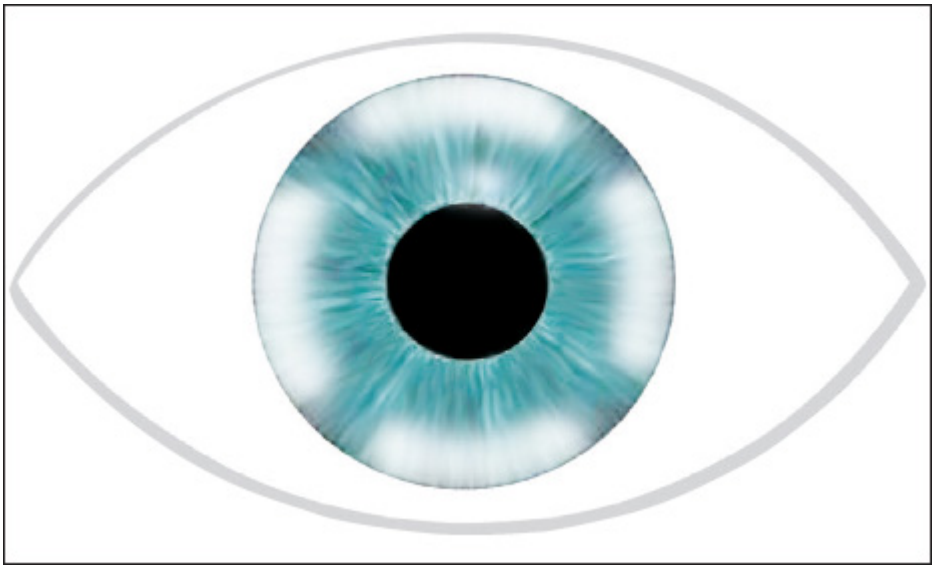
Arsenic

“Snowflakes” or tophi pearls, which are white deposits frequently visible in the lower half of the iris, are signs of arsenic intoxication.



Mercury

Whitish deposits in the upper part of the iris, particularly in the brain region, indicate the destructive effect of mercury. These signs are frequently observed in the irises of people who suffer from stroke, dementia, or paralysis.

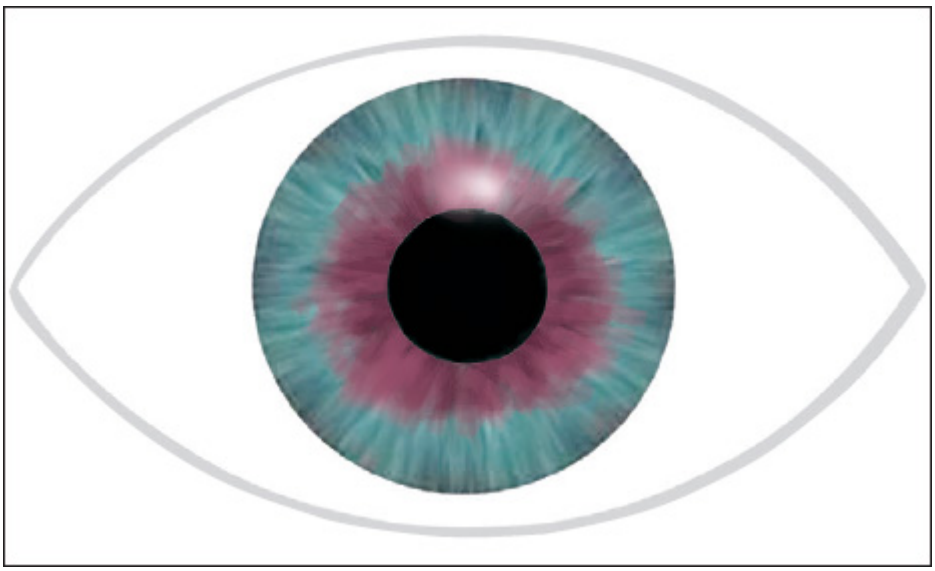


Anecdote

Therapist R. Zimmerman mentions finding documents about the intoxication of the great composer Beethoven (1770–1872)[*21] from lead in wine. Maybe because Beethoven's brother was a pharmacist, he did not ask for assistance from Samuel Hahnemann (1755–1843) during the long course of his disease. At that time, Hahnemann had developed an analytical method to identify lead intoxication.

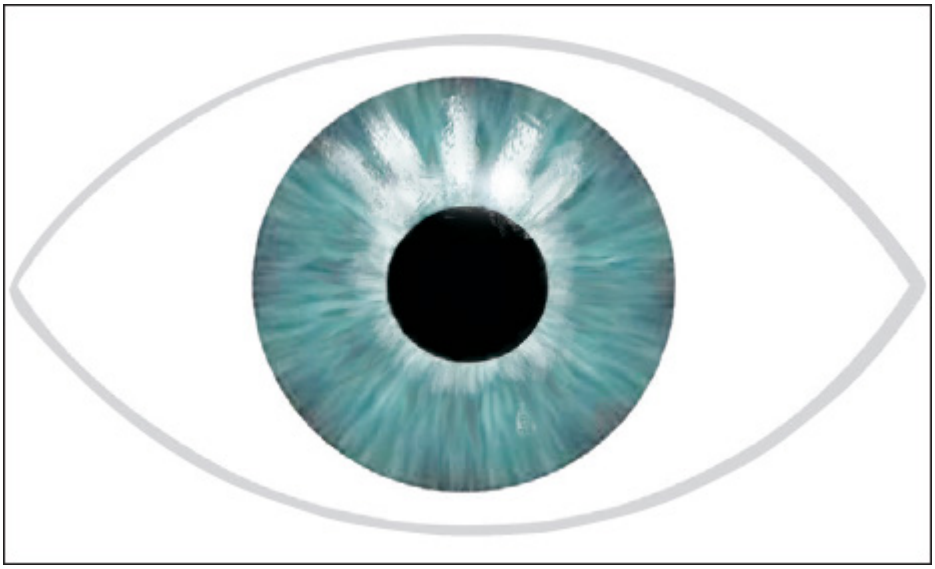
Lead

Purple pigmentation in the digestive area indicates lead poisoning. This sign is often seen in the eyes of painters, printing press employees,[*22] and other people who work with lead.



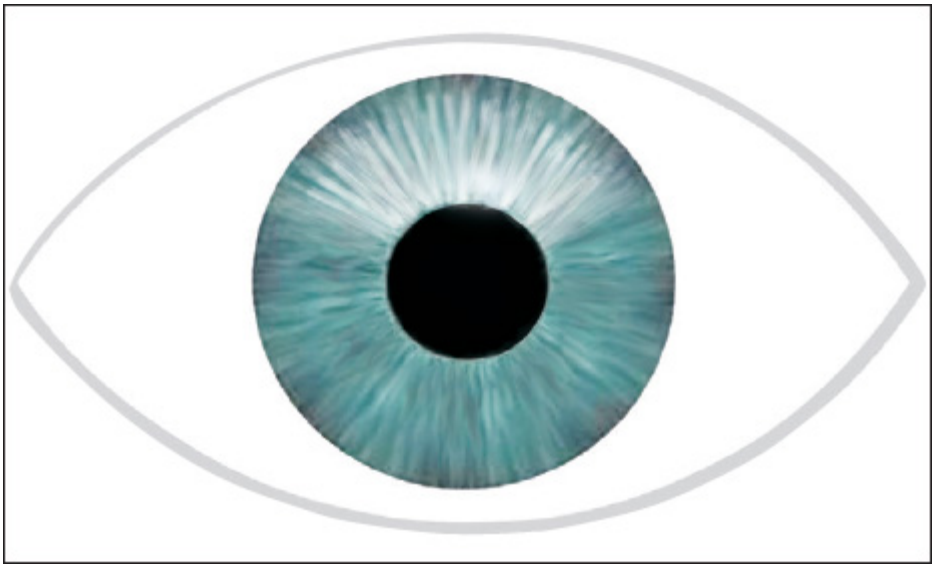
Opium, Laudanum

White rays in the shape of a star that extend from the upper margin of the pupil to the reflexive region of the brain are signs of opium or morphine intoxication. In the eyes of drug addicts, Lindlahr used to say, we can observe white rays around the iris, partially from the pupil (pupillary zone) or partially from the collarette (ciliary zone). This drug was supplied to alleviate pain from locomotor ataxia. The drug has a special affinity for the reflexive area of the stomach and intestines and was once one of the causes of chronic constipation in children.



Morphine

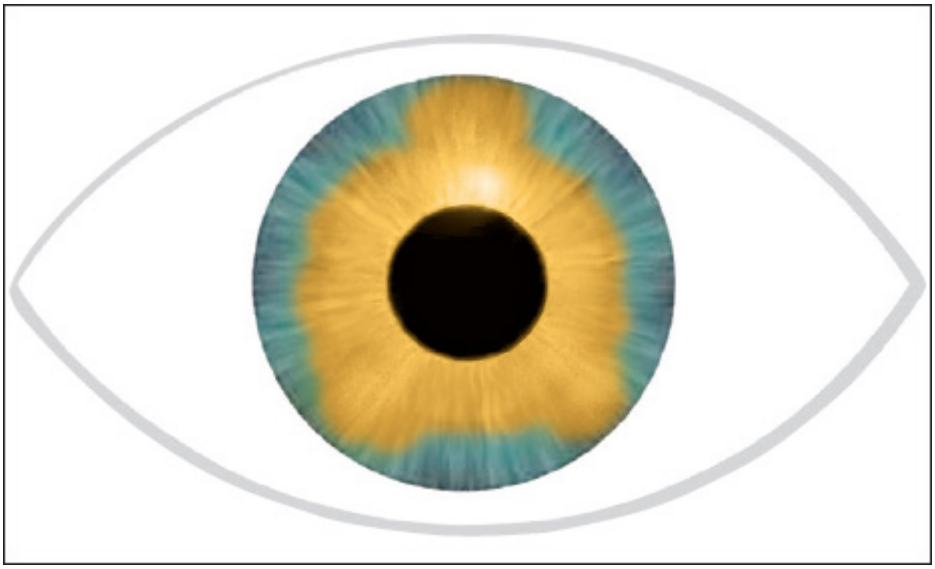
The sign is somewhat different from that of opium; it consists of fine white lines over the surface of the iris, extending from the pupil upward, especially in the brain region.



Quinine

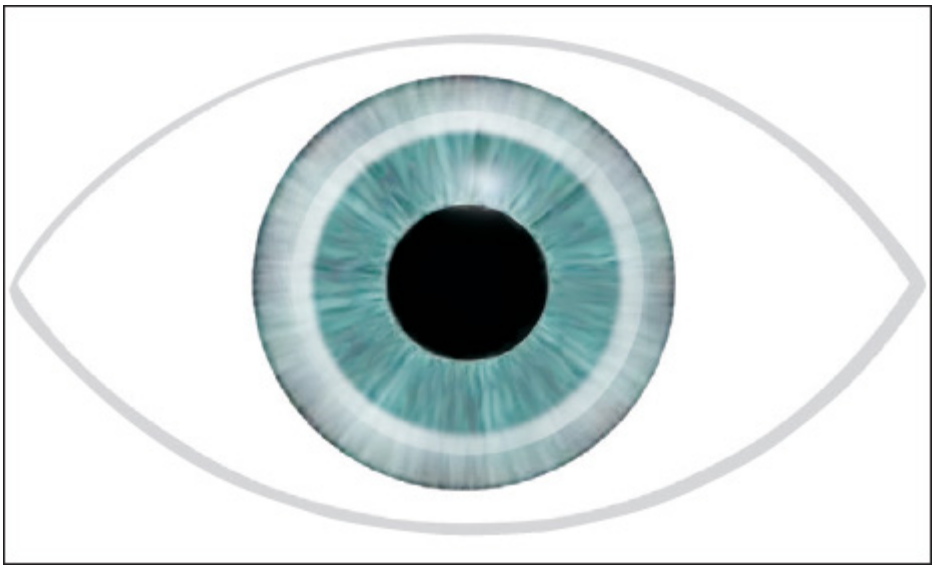
Quinine is reflected in yellowish pigmentation in the reflexive areas of the brain and liver; when found on blue irises, it gives a greenish color, which causes a green iris. Quinine has a special affinity for the brain, stomach,

intestines, liver, and spleen of people who have taken it frequently to treat malaria and other fevers. Today, pharmaceutical solutions of quinine are used for certain types of arthritis. Quinine was another drug Liljequist himself took.



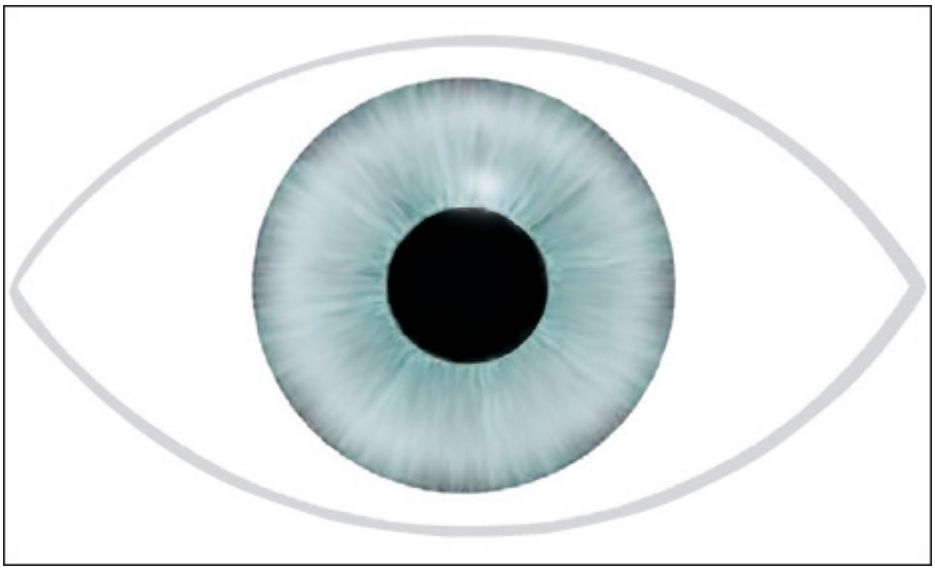
Sodium

Lindlahr, who narrates how he took sodium salts to neutralize his heartburn for many years, had this whitish ring. Sodium is eliminated more easily by the organism than iodine.



Salicylic Acid

Frequently related to the whitish sodium ring. As is known today, salicylic acid has a negative effect on the mucosae of the digestive organs, even if it is acetylated.



To summarize, the pharmacological use of these and other drugs, like bromide, coal tar, phosphorus, turpentine, glycerine, and ergot, which were in common use at the beginning of the twentieth century, alerted natural therapists like Lindlahr of their aggressiveness, which was not so different from that of current drugs, and allowed them to establish associations between the drugs and the presence of certain pigments in the iris. Not all the pigment–drug links may have been correct, but their allopathic use was, at the time, in vogue. Iron, for example, was used in iron arsenide for chronic skin diseases, iron sulfate for chronic diarrhea, iron bromide as a tonic for chlorosis in young women, iron glycerophosphate and iron manganese for the convalescence of asthenic people, valerianate of iron for cases of hysteria with complications from chlorosis, iron and quinine for cachexia caused by malaria, heart disease, or renal disease, and iron salt antidotes for cases of poisoning with arsenic salts.

FUNCTIONAL CHROMATIC SIGNS

The second contemporary hypothesis about pigments considers color to be an inherited sign—in other words genetic—that indicates a predisposition to have gradual organ failure, with no clinical expression, that becomes evident only with the presence of an infectious process, a local injury, or old age.

The spectrum of pigments in the iris ranges from Naples yellow to sienna, and from light to burnt tones. Each one of the colors is related to an organic function: renal, immune, hepatic, pancreatic, et cetera. The yellow pigment is the one with the clearest meaning, and it is related to renal function.

Pigment Composition

The world of pigments is exciting. Just to begin, modern biochemistry tells us that the color of a pigment tells us about its chemical composition, which in turn tells us about its action in and reflection of the body.

The pigments in our body come from two sources: an internal one (our body produces pigments from porphyrin) and an external one (our body makes use of pigments found in food). For example, we get carotenoid pigments from foods like bell pepper (yellow and red) and carrots (orange). It's likely that our pigments also derive from chlorophyll, which gives most of the plant world its green and has porphyrin as its base.

Melanin Deposits

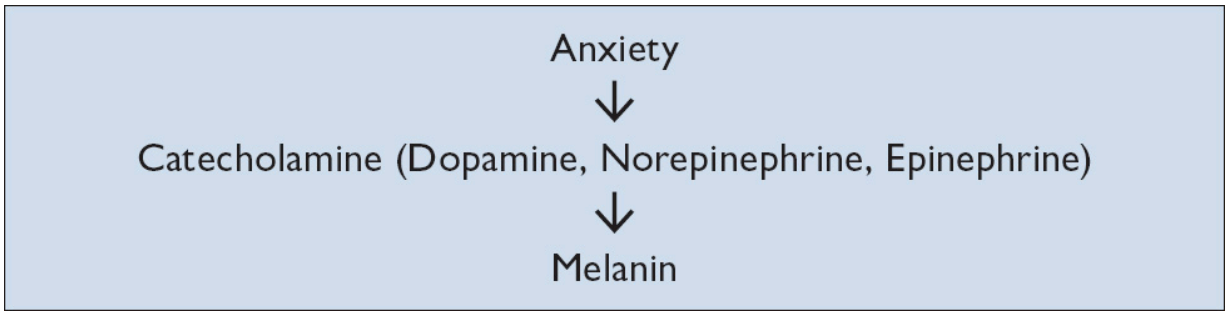
Melanin is any of various black, dark brown, reddish-brown, or yellow pigments. There is great confusion surrounding iridic signs involving this pigment, and perhaps that is due to the fact that melanin-based chromatic signs are not common in the iris. Nevertheless, work carried out in the psychiatric hospital Sant Boi by doctors J. M. Blanqué, E. Rodríguez, J. A. Sanz, and T. Arranz offers important data about melanin iridic signs, as do private observations done by the author of the iris of a skydiver.

Blanqué et al. observed and assessed melanin pigments on the irises of women diagnosed with psychosis: a 1 mm deposit in one eye, or six deposits of less than 1 mm each between both irises. The authors questioned whether the presence of so much melanin was a product of physiology or of the use of psychiatric drugs, like neuroleptics (phenothiazine, chlorpromazine, and thioridazine). The mystery was not solved, but they explored both of the iridological hypotheses described earlier in this chapter

—that is, the physiological origin (Deck, Schmidt) and the pharmacological origin (Liljequist and Lindlahr).

In support of the physiological hypothesis, researchers A. C. Greiner and G. A. Nicolson identified viscera with melanin deposits in schizophrenic people who had not taken neuroleptics. In support of the pharmacologic hypothesis, pigmentation has been observed in parts of the eye (the cornea, the sclera, and even the retina) of patients who *have* taken neuroleptics, which remain in the body even months after their intake (as can be determined through urine analysis).

Thus, we could conclude that an increased melanogenesis happens in cases of schizophrenia (physiological origin), and it is strengthened by neuroleptics (pharmacologic origin). Studies have found similar results in evaluating melanin deposits in epilepsy patients, with and without medication. From a physiological point of view, the pigment is clearly related to the anxiety that manifests in both cases.



Apparently, the iris has a high content of catecholamines (including dopamine) in accordance with its general color, and dopamine is a precursor of melanin. High states of anxiety—for example, before or after trauma (as in the case of Peczely's owl, or the skydiver whom the author observed)—could increase the synthesis of melanin and result in dark, rust-colored pigmentation deposits.

While ophthalmology gives no special meaning to chromatic signs like melanin deposits, in iridology their observation is useful thanks to the research done by the above-mentioned psychiatrists. Thus, a melanin deposit can be interpreted as a secondary effect of a drug or medicine, which manifests in both the eye (cornea, iris, and conjunctiva) and the skin or viscera, or it could be said that this pigment is the expression of genetics in the phenotype, giving way to an excessive production or storage of the

pigment. In either case, we can conclude that the melanin deposit is not a sign of malignancy, as some iridologists without evidence are still suggesting.

Other Deposits

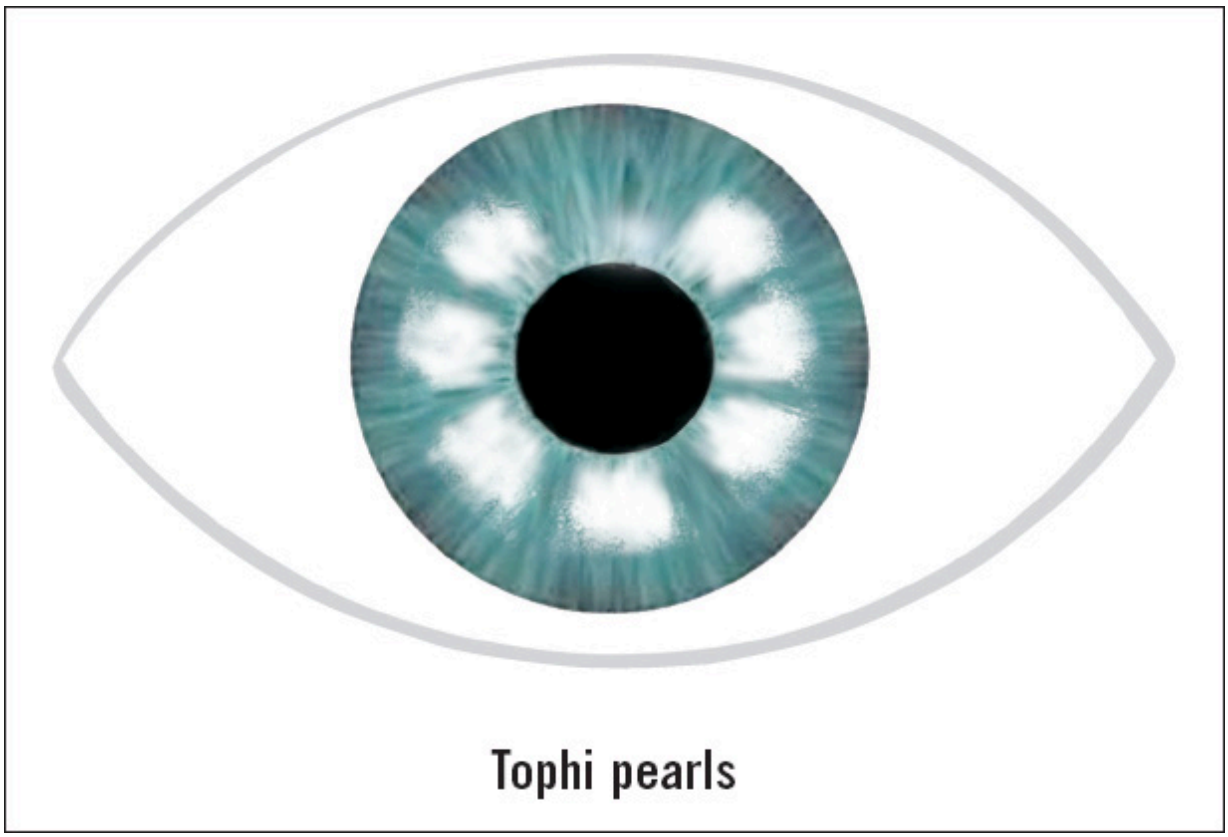
Now let's look at some signs that have already been mentioned in previous pages, but in this case we will discuss their meaning from the perspective of their correlation to genotype, rather than their correlation to a particular drug or medication.

Melanin deposits

Tophi Pearls

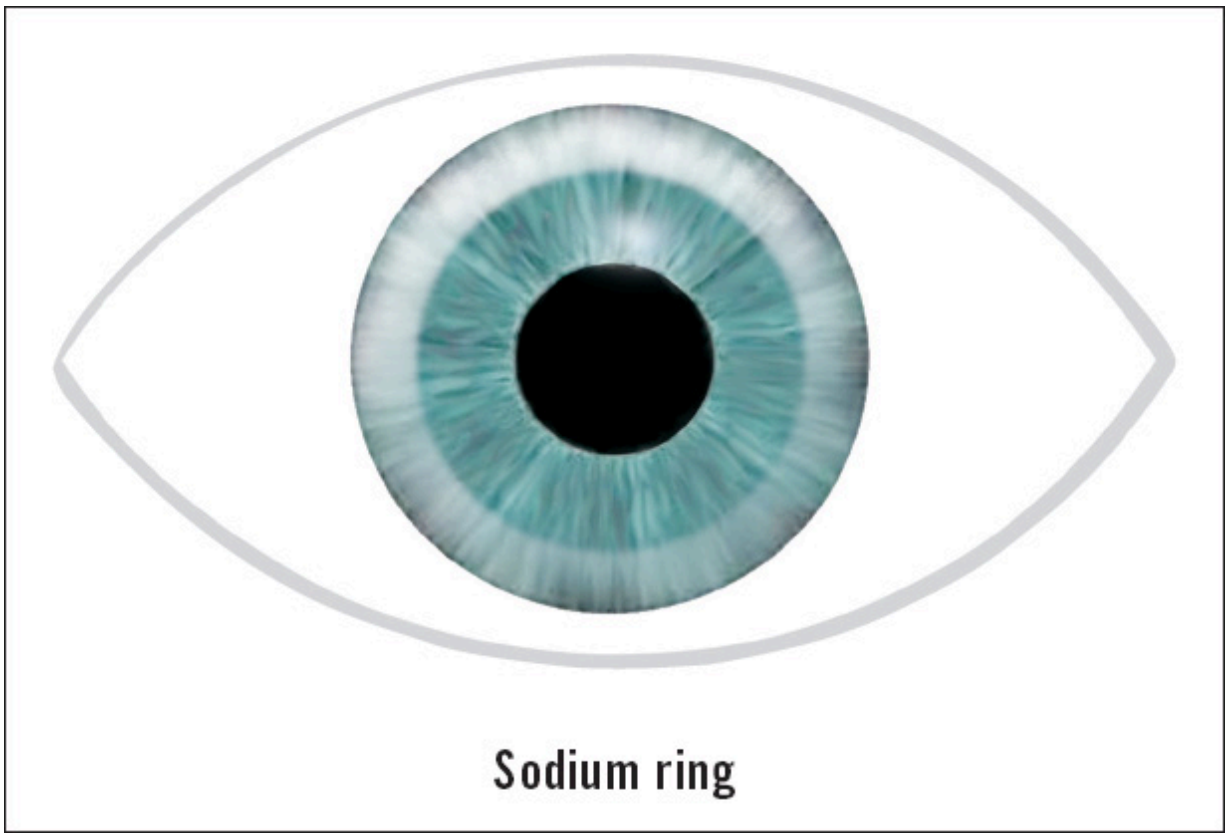
Tophi pearls are almost always found in the ciliary zone, although they can also be adhered to the collarette. They indicate a tendency to suffer from eczema, rheumatism, and pH modification.

Tophi pearls (sometimes called cotton swabs) are signs of inherited intoxication, compatible with the inflammation of the serosae and mucosae typical of exudative diathesis.[*23]



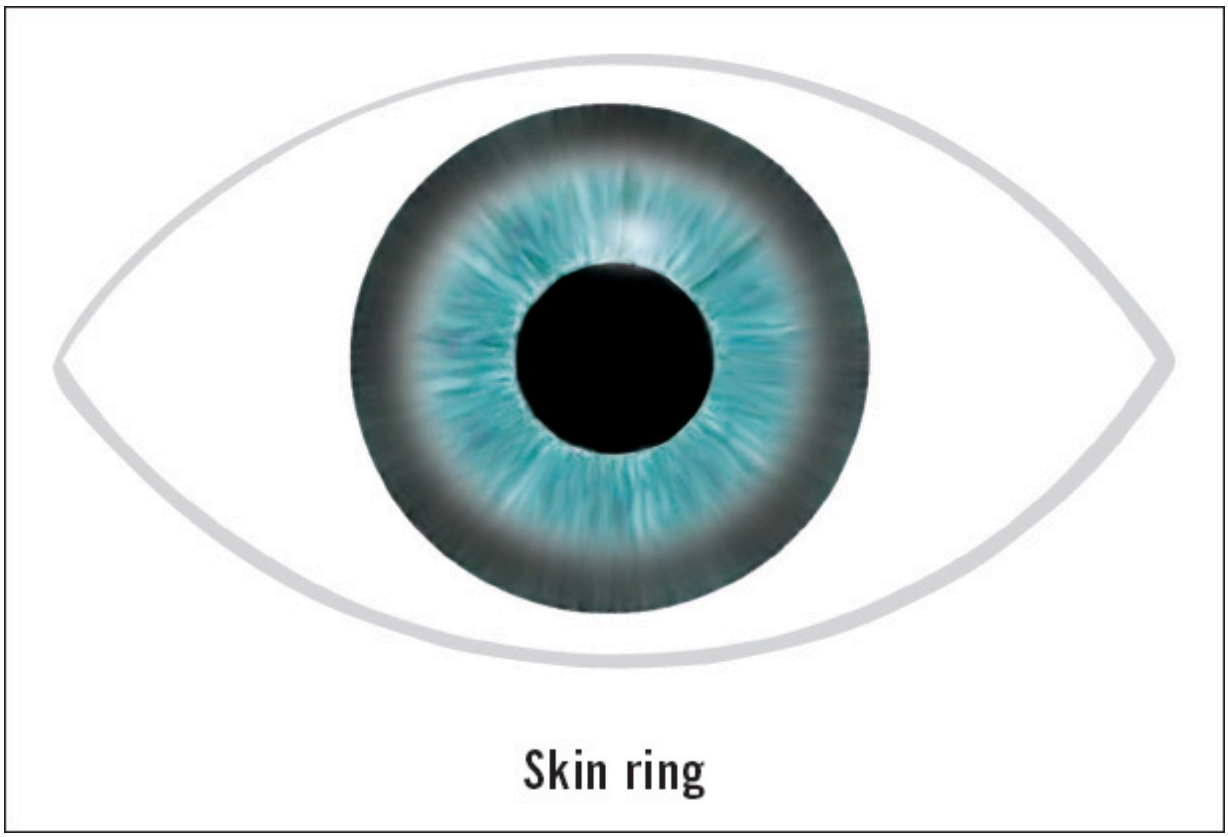
Sodium Ring (Cornea)

This sign is located on the border of the iris, in the form of a fairly wide, consistent white cloud that covers the whole perimeter. Deck related it to cholesterol alterations, but in reality, most of the time there is no direct link between cholesterol numbers and this sign, which leads us to think, and which is often confirmed, that its meaning has more to do with loss of elasticity in the arterial tunica.



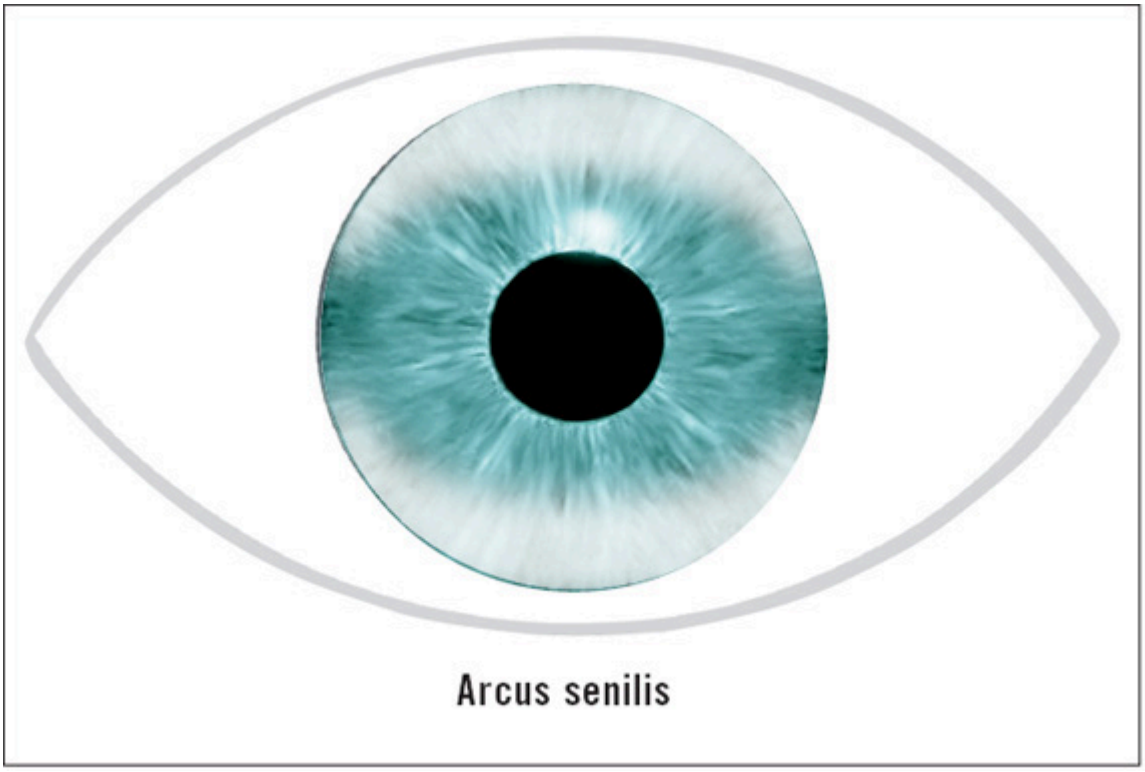
Skin Ring

This sign is very frequent among young people. It forms in the same space as a sodium ring, but its color is grayish or black, and it indicates that the skin is underactive—that is, the skin has difficulty eliminating toxins (we must remember that the skin is our "third kidney"). The person does not drink or sweat sufficiently. It also marks a predisposition to suffer from Alzheimer's (according to H. W. Schmidt).

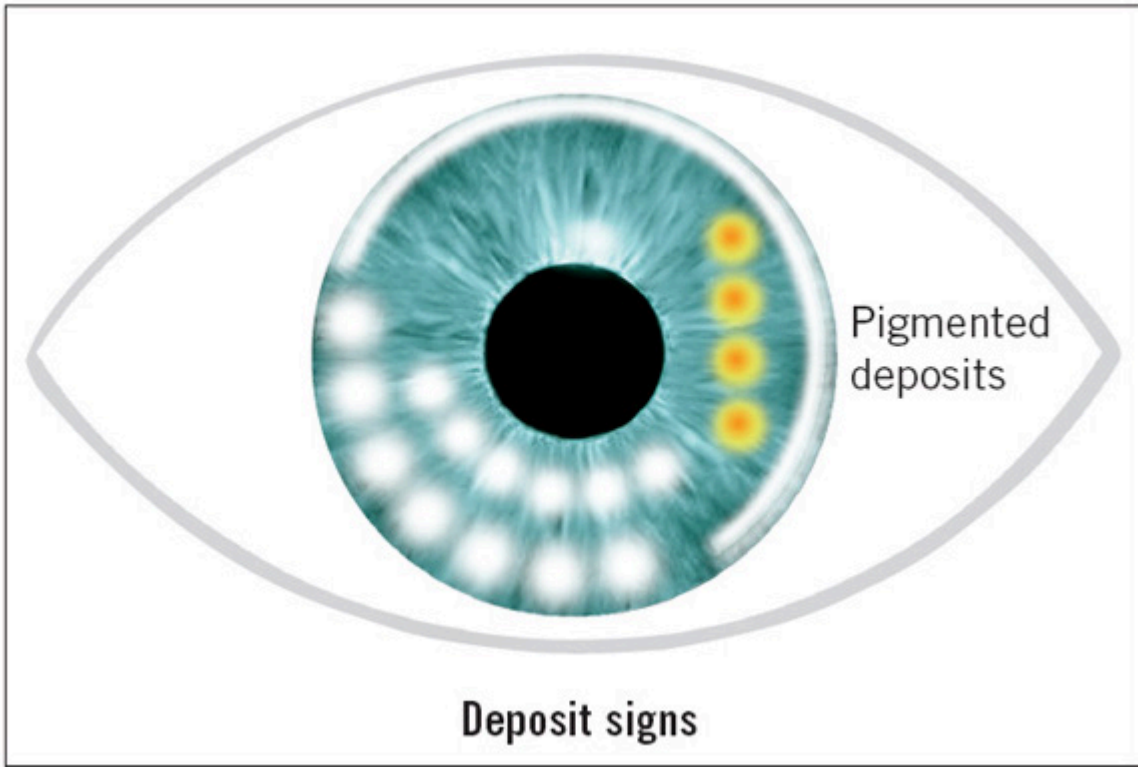


Arcus Senilis (Cornea)

Like the sodium ring and skin ring, this sign is locatedinzone 6, butitissectoral, meaning that it does not occupy the whole periphery. The arcus senilis is frequently observed in the cephalic zone, which is a sign of vascular difficulties.



Arcus senilis

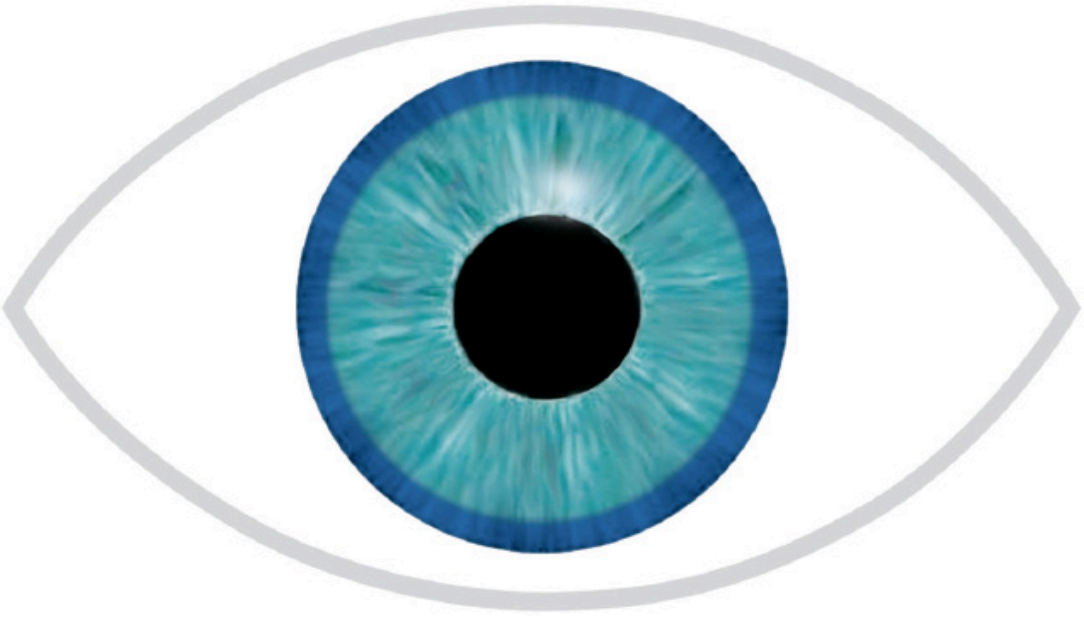


Deposit signs

Anecdote

Josef Karl, a German iridologist, says that Johann Wolfgang Goethe, the German poet and dramatist, who lived in Weimar, suffered from pericarditis in 1823. Goethe had never been so sick; his robust body was affected by chills, suffocation, and heavy legs. His body, he felt, was suffering from inherited toxins that were thousands of years old. He said to the doctors, “Set your science in motion; you will not catch me anyway.”

The doctors prescribed arnica, and when he heard the news, Goethe was relieved, because he remembered the beautiful flower of this plant. After taking it, Goethe got better, and he soon was able to start taking walks around the garden. Psychically, he felt more alive than before; physically, he felt better. A visitor who saw him during this time described Goethe’s iris as formed by three different colors: a large blue ring, surrounding the blue of the iris and the black of the pupil. As Goethe said, we carry with us toxic heredities that become a part of our personality and affect our health.



Appearance of Goethe’s iris

7

The Pupil, Window to the Soul

The eyes are the windows to the soul, the mirror of nature, and the doors of the sun.

ANDRÉS LAURENCIO

SIGNS IN THE PUPIL

Awareness is born in the middle of the iris and is expressed by the pupil. Joy, fear, pain, and changes that alter our consciousness are reflected in it. It also lets us know when we have been affected by conflict and have not been able to overcome it. The pupil is the center of this mandala of the body we all have; it explains the past, present, and future of our existence.

So this is the part of the iris that turns the eyes into the windows of the soul and the mirror of nature. As an orifice that communicates the inside with the outside of the human being and enables the interplay between cosmic and personal forces, the pupil transmits both psychosomatic aspects of nature and reactions to light and color. In fact, much like the movement of a pendulum, the binary cycle of cosmic forces takes place in the pupil: every twentyfour hours we experience the two movements of mydriasis (the exaggerated or prolonged opening of the healthy pupil) and miosis (the prolonged contraction of the pupil). The pupil also shrinks when we are relaxed or intoxicated with drugs, and it widens with pain, syncope, or a comatose state, becoming unstable (hippus[*24]) in states of nervous weakness.

Mydriasis is compatible with the tendency to suffer from functional tachycardia, poor appetite, fear, tiredness, and apparently increased catabolism, especially mineral. A person with mydriatic pupils is generally pleasant and can easily adapt to situations, is capable of getting excited, and is very sensible (according to Joseph Angerer).

During miosis, or the contracted pupil, we find high digestive activity, peripheral vasoconstriction, and a well-developed libido. Miotic pupils are penetrating; we find them in entrepreneurial people who have an imposing, selfish, and derisive personality (again according to Angerer).

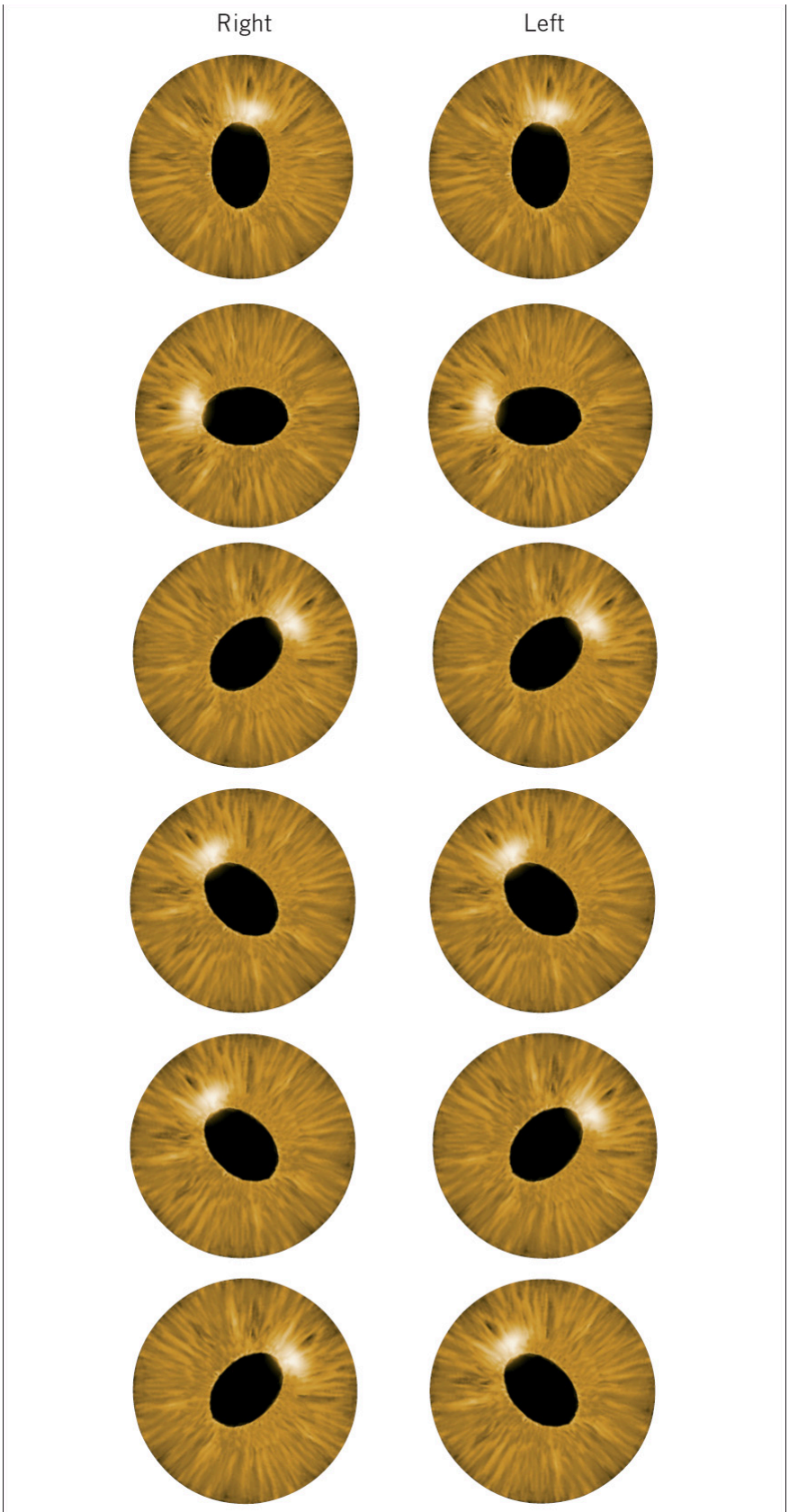
Miosis

Mydriasis

Global Deformities in the Pupil (Total Dyscoria)

According to Rudolf Schnabel, global deformities in the pupil are signs of a possible imminent paralysis. Elliptical pupils with the greater axis perpendicular to the ground are compatible with total paralysis and death. Schnabel states the same about elliptical pupils with a divergent greater axis. Elliptical pupils with a greater axis parallel to the ground suggest neuromotor alterations in the lower extremities.

Elliptical pupils with the greater axis leaning toward the right are compatible with paralysis on the right side of the body, and those tilted or leaning to the left side with paralysis on the left side. Lastly, pupils with a divergent greater axis may also suggest or alert us to a predisposition to leg paralysis. The origin of these paralyses is usually an apoplectic phenomenon (stroke).



Total dyscorias related to apoplectic phenomena (according to Schnabel)

Partial Deformities or Flattenings in the Pupil (Partial Dyscoria)

While global deformities are not that frequent in the population, iridologists observe partial deformities during approximately 80 percent of consultations.

Frontal Flattening (FF)

When observed, it is indispensable to rule out pre-suicidal syndrome and refer the patient to a psychologist. The sign is compatible with obsessive thoughts and chronic melancholy states. Luckily, this is the less frequent case among flattenings, and, maybe, according to the frequency of the observation of the author of the book, it might be an exception.

Ventral Flattenings (VF)

These are signs that indicate altered sensitivity and mobility of the legs (joint pain in the hips and knees).

Nasal Flattenings (NF)

This sign is compatible with inhibition of the breathing function (alteration of the vital capacity) and a predisposition to suffer from dyspnea (difficulty breathing).

Temporal Flattenings (TF)

This sign is essentially related to the lung function. Specifically, it could suggest a predisposition to have respiratory paralysis.

Flattening of the Upper Nasal Quadrant (FUNQ)

This case refers to psychic blindness. The person is unable to reproduce and remember scenes observed seconds before.

Flattening of the Lower Nasal Quadrant (FLNQ)

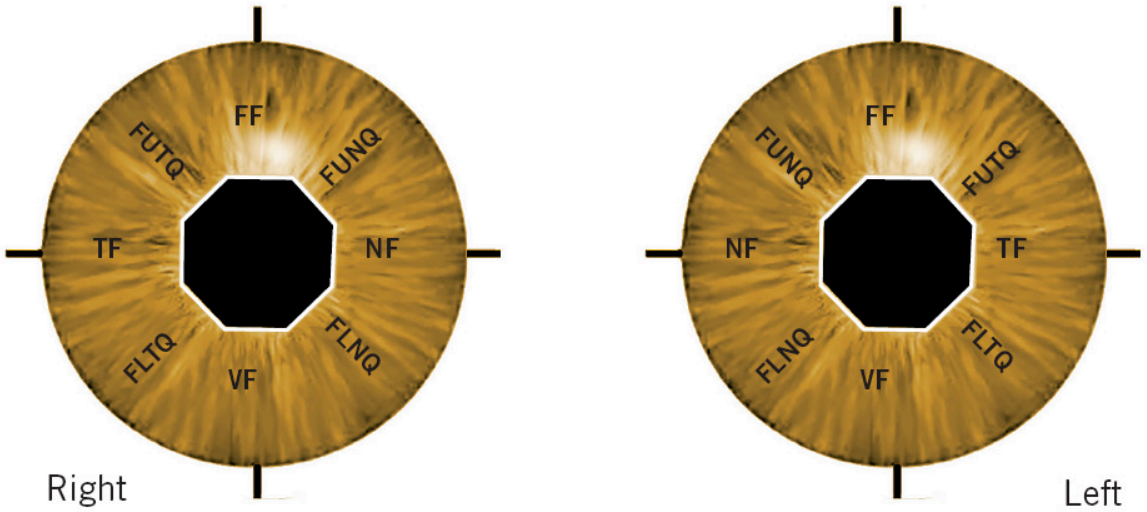
This sign indicates compatibility with alterations in sexual behaviors and functions of the urogenital tract.

Flattening of the Upper Temporal Quadrant (FUTQ)

This is "psychic deafness." For short periods of time the person does not understand what he or she is being told. He or she may also experience auditory hallucinations.

Flattening of the Lower Temporal Quadrant (FLTQ)

This is a sign compatible with alterations in the sensitivity of the arms and paresthesias.



Examples of partial dyscoria

Other Signs

Accidents and certain eye diseases, such as glaucoma, can affect the pupil, hindering its normal movement. Eye surgeries like an iridectomy usually leave an incomplete iris. Brain tumors and other lesions or illnesses of the nervous system can paralyze pupils. Also, as discussed in chapter 10, toxic heredities (miasms, like lues) cause very precise signals in the pupil. If these details are not taken into account, pupil observations will be incorrect.

We must not forget that the pupil space is empty and it represents a vital conduit for the circulation of luminous information. We must take into consideration, especially in natural therapies, that light and color are of great importance, and it is evident that light needs the pupil to produce stimuli.

Ocular signs that fill and alter the blank space of the pupil come from the iris itself (bridges, knout, etc.) or from anterior or posterior anatomical structures, like cataracts. Discussing the different types and formations of cataracts would require an additional chapter; however, iridologists are mainly interested in their reflexive meaning, just as they are in the rest of the formations in the eye.

Another matter that also escapes the analysis of this manual is the observation of the fundus of the eye, a technique mastered by ophthalmologists. The observation of this fundus is done with an electronic ophthalmoscope, a tool rarely used by some iridologists because the iris cannot be fully appreciated with it. The light of the ophthalmoscope goes directly through the pupil window, while with loupes and iridoscopes the light is indirect and illuminates only the iridial stroma. Nevertheless, signs in the fundus can provide very precise information about the ravages caused by hypertension or diabetes; they also shed light on the advance of certain renal pathologies, but to use them correctly the practitioner must be trained, because excessive exposure to light could cause irreversible damage to the retina, and thus the patient's vision.

Pupil Dynamics and Its Warning Messages

- The pupil shrinks when a person is relaxed or sleeping.
- The pupil grows with pain, syncope, and coma.

WARNING SIGNS THAT REQUIRE REFERRAL TO THE DOCTOR

- Unequal size between pupils
- Inadequate accommodation reflex

- Inadequate convergence reflex
- Inadequate consensual response
- Absence of palpebral reflex
- Altered visual acuity
- Ocular discomfort

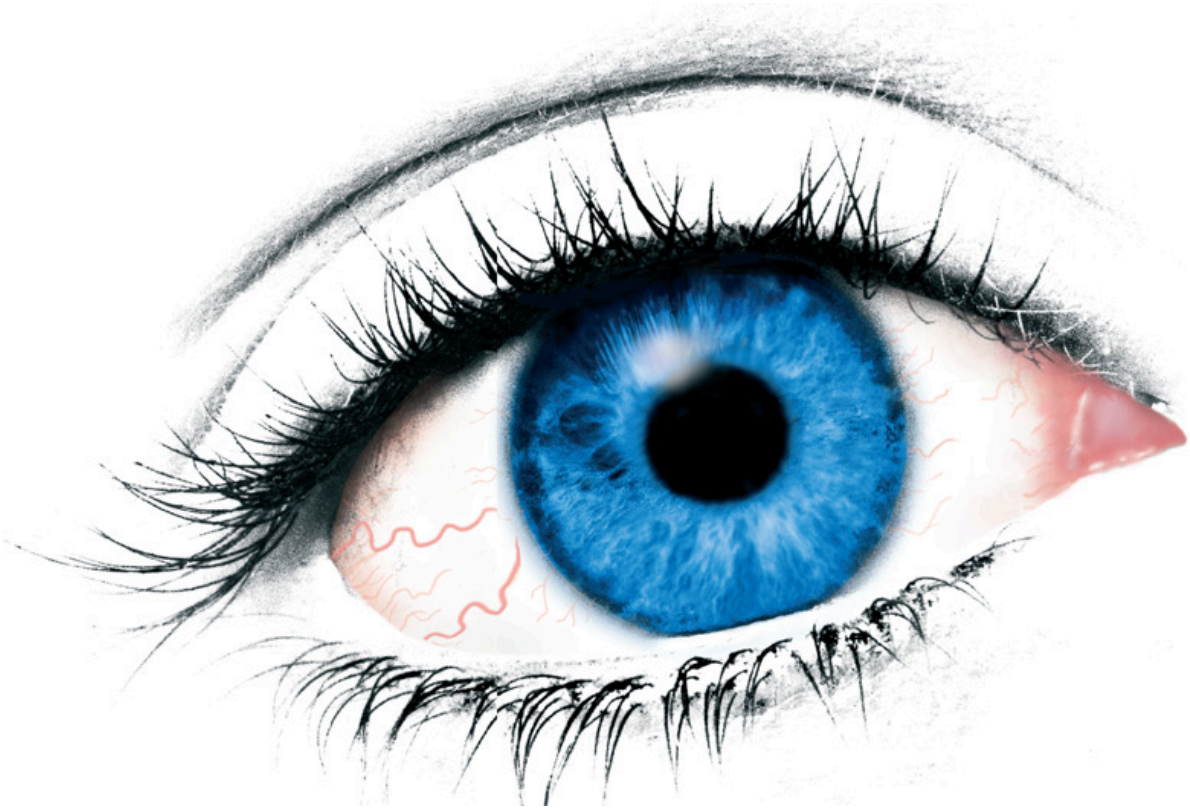
NORMAL PUPIL

- Circular
- Centered
- Black
- Adequate visual reflexes

8

Vessels in the Sclera

Chronic Disease and Vicious Cycles



When man is away from nature, he progressively loses his health.

MANUEL LEZAETA

CHRONIC DISEASE

Human medicine today is extensive and complex because of the way it analyzes diseases and because of the existence of chronic diseases. As psychologist Lopez Ibor used to say, the existence of chronic diseases, with their countless combinations of signs and symptoms, is due to the fact that we are the species with the highest number of diseases on the planet, a fact closely related to our particular way of perceiving existence. The manifestation of chronic diseases is often related to our inability to solve a specific conflict or to our resistance to be annihilated as individuals, although this vision is somewhat violent.

From the perspective of natural therapies,[*25] what is commonly called "disease," or more specifically, "chronic disease" (neoplasm, tumor, sclerosis, ulcers, and inflammation) is no more and no less than a constant alteration of the function (increased, decreased, or eliminated) of a tissue or organ, mediated by the body's homeostatic mechanisms.

Vascular irritations in the sclera can tell us about the state of the vascular system in the whole body, and certain manifestations of vessels can be signs of chronic disease.

Causes of Chronic Disease

From the perspective of natural therapies and the experiences of its practitioners, including iridologists, those factors that are responsible for the annoying and anomalous situations called “chronic diseases” are:

- Isolation of the person from the forces of nature (light, sun, air, water)
- Extended or long-standing consumption of nonphysiological “food,” stimulating beverages, genetically modified foods, and unnecessary additives in foods that, at times, mask the bad quality of the raw matter
- Little or no raw and whole-grain foods in the daily diet
- Long-term inappropriate relationships with telluric forces, the weather, and energy in general (subterranean water currents, humidity, unscreened high-

tension wires, magnetic fields, radioactivity. . .)

- Inadequate organization of the vital space (living and work); we forget to set up our habitat to be in harmony with nature (wind and water), as Eastern tradition teaches
- Regular intake of drugs, including unnecessary medication
- Exposure to toxic chemical substances
- Inappropriate presence of certain microorganisms (helicobacter, candida, etc.) unrelated to the miasms discussed in chapter 10
- Regular use of placebos, unless they are part of a well-orchestrated therapeutic strategy
- Uncontrolled use of nutritional supplements
- Lack of awareness of our own potentialities and dispositions
- Conscious repression of the unconscious (Freud) generally due to cultural mechanisms (Jung)
- Application of the vaccine dogma to the younger population, leaving a narrow margin of options for people to make use of their freedom of choice on the topic of vaccines through unbiased and contrasted information[*26]
- Incorrect medical diagnoses that result in inappropriate treatments, including rehabilitation[‡27]
- Unresolved conflicts and those a person endures in silence (S. Rozenholc)
- Isolation of a person from his group (family, culture, history), including loss of community beliefs and traditions, which usually give room for better self-management of the personal life

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In a person with chronic disease, the struggle for a healthy life is limited to vital tolerance, characterized by heroic alterations of function that allow the person to keep on living, even if it is in poor conditions. In these cases the symptoms are usually not the cause but the adaptive result of the person's potentialities. Transactional analyst Gunter Jursch describes a chronic ailment as an "uncomfortable state where, in spite of it, sometimes we enjoy a small benefit"; in some cases, we could speak of the "healthy person with a chronic disease."

Chronic disease is usually accompanied by lower vitality, homotoxins and heterotoxins, and plentiful and permanent alterations in factors assessed by analytics and other diagnostic tests.

In traditional Western medicine, chronic complaints will be meticulously classified by origin, system, clinical manifestations, prognosis,

diagnosis, et cetera. However, in iridology and in the osteopathy postulates of A. T. Still and A. Pischinger, all this medical complexity can be summed up as the difficulty of the cell to be nourished or to eliminate. “We are not what we eat, but what we assimilate.” It is that simple, and it is all related to the circulatory system (including arteries, veins, and the lymphatic system), which has key organs for recovery of the state of harmony, freedom, and silence of physiological functions, which is a sign of a return to a state of health.

Whenever possible, the chronic aspect of illness should be replaced by health through the process of taking more responsibility for the requirements and needs of life itself, be it by observing the body as an asset we must care for or by considering the person as a unit in a greater diversity, who needs to work on respect, generosity, and solidarity toward himself and others. The explanation of chronic morbid phenomena like claudication, or a defensive attitude against something or someone, is more related to a violent perception of human beings than anything else, as was previously stated, although in certain cases this perception doesn’t necessarily prove to be inaccurate.

To perpetuate the chronic process, focusing on the environment of the cell, nature uses binding mechanisms (reflected in the vessels on the sclera of the eye) and pathological feedback circuits (vicious cycles), which are reproduced during an illness. “The unresolved trauma,” in its more ample and physiological sense, constitutes an example of fixation, just like anaphylactic shock, drug addiction, or irritation points like constipation. The perpetuation of constipation, for many reasons (intestinal function, stool volume, social behavior, immobilization), according to the feedback phenomena shown in the graph on the next page, is a clear example of a permanent conflict and chronicity. Candidiasis is also an example of this, as well is the ubiquitous fungal infections in some people. Let us now explore, as an example, the vicious cycles that fuel constipation.

VICIOUS CYCLES (VC) OF CONSTIPATION

The origins of constipation can be identified in psychic factors that start during childhood, in a low-fiber diet, or in both.

Both of these circumstances produce an indurated bolus of feces, with reduced volume, which is not at all stimulating for peristalsis (atony). To this, we can add the negligence of the person to attend to the defecation instinct (indifference to reflexes) or dyschezia, peristaltic inhibition, and delay in the expulsion effort with pain (VC).

In addition, defecating in a seated position, which impedes the action of the abdominal wall, and lack of movement or a sedentary lifestyle favor atony (VC).

When feces are retained in the rectum for longer than normal, they lose liquid and form dry, hard pellets. Expulsion then is difficult and retention is favored; atony and rectal dilation then appear, worsening the initial stasis (VC). In elderly people, constipation in the rectum and colon usually causes diverticula, which are both a cause and effect of constipation (VC).

Loss of elasticity in the rectum can lead to varicose veins in the rectum in women. Feces accumulate in the diverticula sac, formed at the expense of the rectal wall (hernia), meaning that great effort is required to defecate; said effort increases the size of the diverticula, so the defecation effort must become greater (VC). In addition, salpingitis or fibroma can cause constipation in women, altering a healthy uterus and worsening the sickness in the very same area where it might have originated (VC).

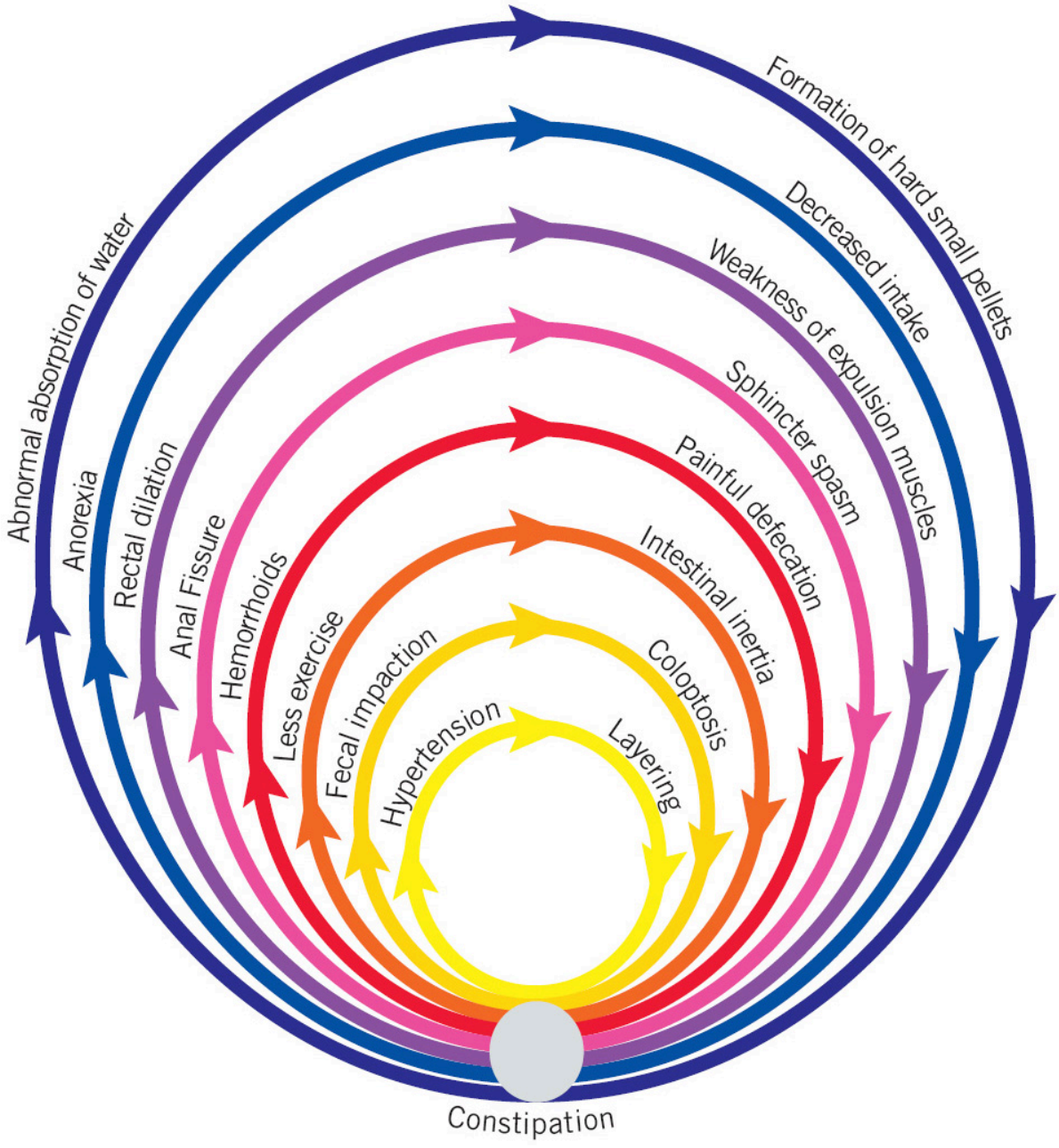
Spasms in the anal sphincter caused by hemorrhoids are another cause of constipation, which in turn will worsen the hemorrhoids (VC). Similarly, repeated evacuation, distension, and the presence of feces in the area of an anal fissure constantly irritate it, which causes spasms in the sphincter, which in turn increases the irritation and impedes healing (VC).

The rupture of the *silence of the body, emotions, or spirit* leads to a disease that, if not resolved in terms of the conflict that originated it, will become chronic. Let us remember that people are more likely to fall ill, and have more specific ways to fall ill, than animals, while at the same time, people have a greater ability to adapt than animals. In the vascular representation of the sclera, we find clear examples of this fixation.

KEY FACTORS FOR CHRONIC CONSTIPATION

- Intestinal atony

- Intestinal spasm
- Insufficient cellulosic volume
- Nonphysiological social behavior
- Decreased digestive function
- Immobilization



Vicious cycles (VC) of constipation[*28]

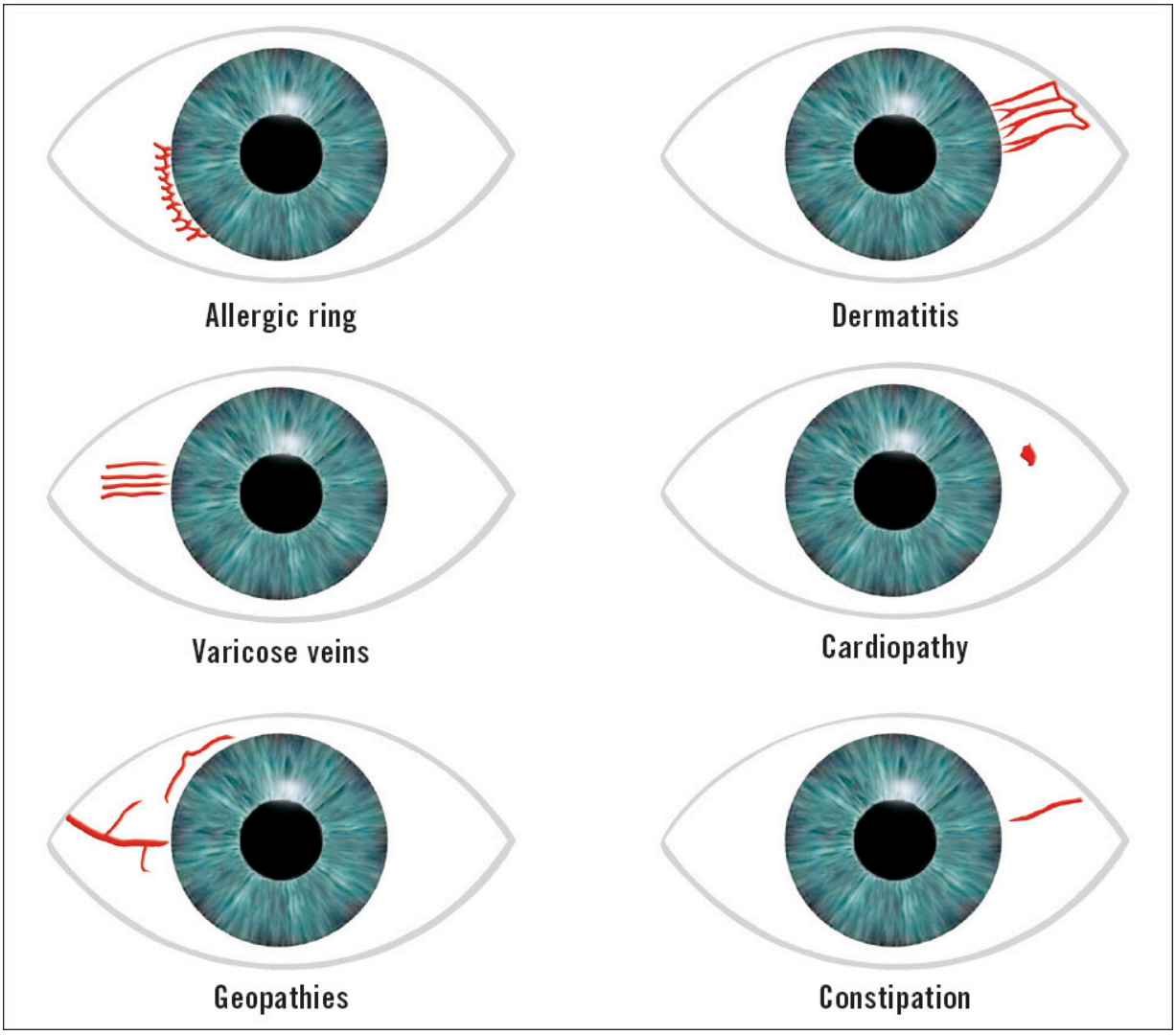
VESSELS IN THE SCLERA

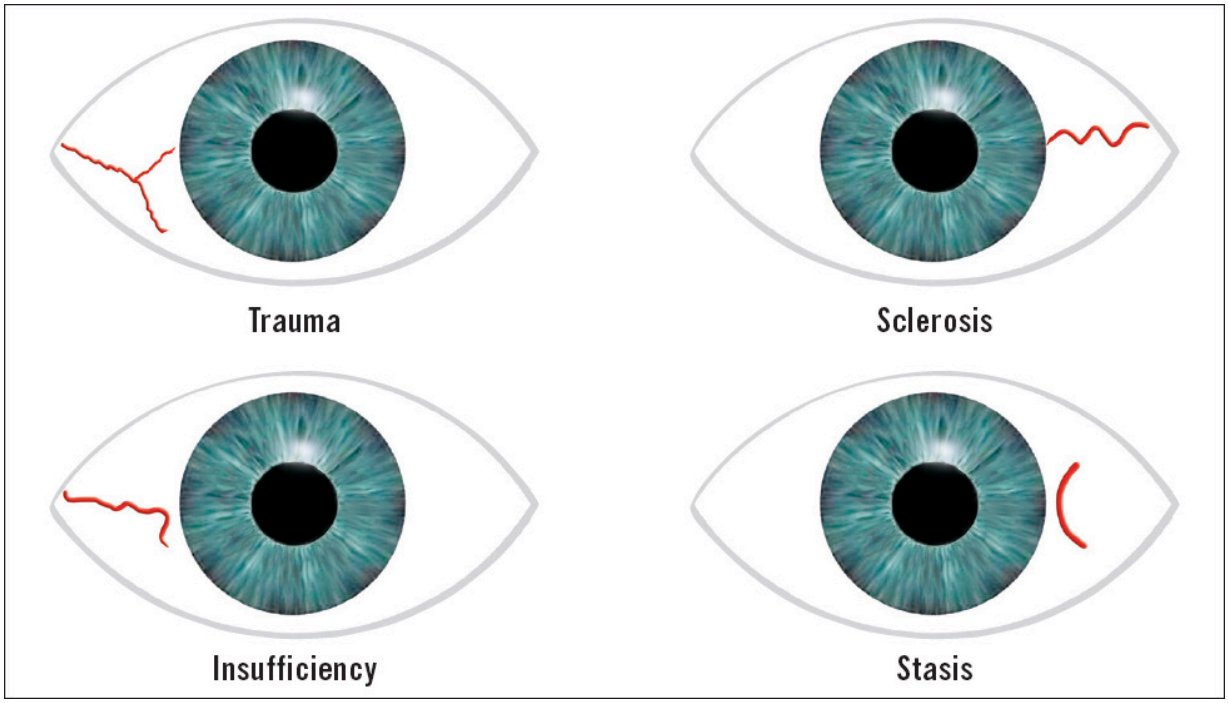
When we are born, we do not have the same vascular signs in the sclera that will come into existence during adolescence, adulthood, and old age. Some vessels in the sclera can be modified with pigments and deposits related to disease. We will not delve deeply into this topic in this book because, as far as we know, the vessels in the sclera of the eyes have a context different from that of the iris, but related to it, and they can serve as a warning, as we said before, of a chronic disease. Marcel Schopp, a therapist nurse and good friend, always suggests to the author of this book that the term *ocular diagnosis* would be more accurate to describe what an iridologist does, rather than *iridology,* because a good iridologist always ends up observing other parts of the eye, like the cornea, conjunctiva, sclera, et cetera.

Vascular signs are closely related to the iridology chart, and loosely related to heredity. The sclera and conjunctival vascular irritations provide information about the vascular situation in the whole body. We will introduce here the vascular signs of which we have precise knowledge.

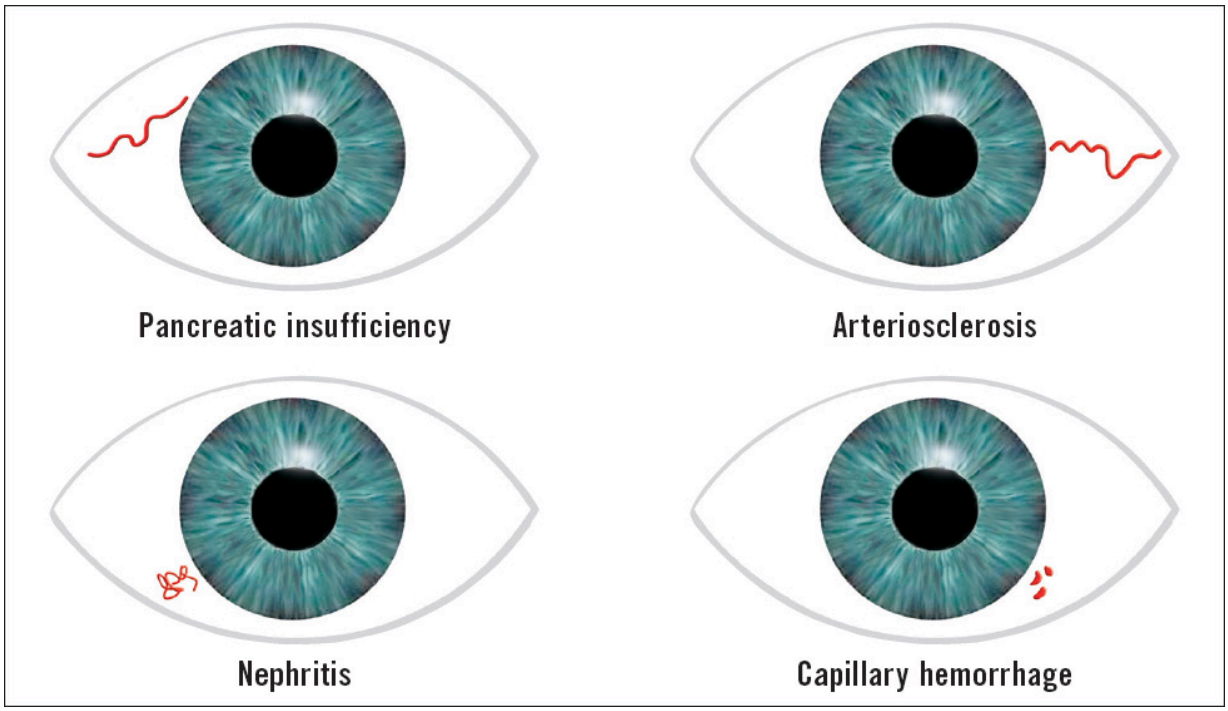
In caliber, sclerotic vessels usually are one of these three types: fine, thick, mixed.

Vascular Signs


Allergic ring
Dermatitis
Varicose veins
Cardiopathy
Geopathies
Constipation



The Swedish doctor Pierre Smith,[*29] although well-known for his work in homeopathy, also showed great interest in the iris and described the meaning of the following four vessels in the sclera:



Characteristics of Vascular Signs

- The signs are related to the iridology chart.
- They are located close to the iris.
- Their shape and caliber are important.
- The vessels, once formed, are reluctant to disappear.
- Excessive vascularization of the sclera, an alteration of visual acuity, and ocular disturbances are signs that the person must be referred to an ophthalmologist to rule out pathologies of the eye.[†30]

9

Clinical Practice

Sixteen Case Studies

The eye will tell you if the glands are working properly.

ELI G. JONES

CLINICAL PRACTICE AND THE IRIS

In relation to cancer, the American doctor Eli G. Jones recommended observing the eyes, tongue, and pulse; as he stated, “These will inform you about the condition of your client: if the white of the eye has a pearly color with yellow spots, the blood has many toxins and albumin has deteriorated.”

Like Dr. Jones, traditional medicine has witnessed the relationship between pathologies and the signs in the eyes, which means that iridologists are not alone. Nevertheless, the medical paradigm has pushed iridology away from the field of medicine, although there are always exceptions.

As one example, we can talk about the work of doctors M. de Jesus Lago and Jovay Rene, published in the journal *Medicina Naturista* (Natural Medicine) by Pedro Saz. They examined the irises of 103 patients that display crypt and lacuna signs in a very concrete area of the pupillary zone (central zone), and which are related to gastroduodenal diseases (gastroduodenal ulcer, gastroduodenitis, esophagitis, bulbitis). An endoscopy was used for diagnosis. The frequency of the observed lacunae in said zone of the iris was 60.19 percent, and that of crypts was 54.36 percent; tension rings in the ciliary zone represented 60.10 percent. The hematogenic constitution dominated, with 70 percent of study participants falling into this category, while 13 percent were of the mixed type. The density of the vacuolar and lacunar iris stroma was 11.65 percent, while a higher frequency of the signs mentioned was found in the pupillary zone of the right iris.

The study authors mention another study that examined similar pathologies in 324 patients who distributed a similar high frequency of lacunae and pigments.[*31] These works reflect the need of iridology to interconnect the signs to better understand the predispositions to certain diseases.

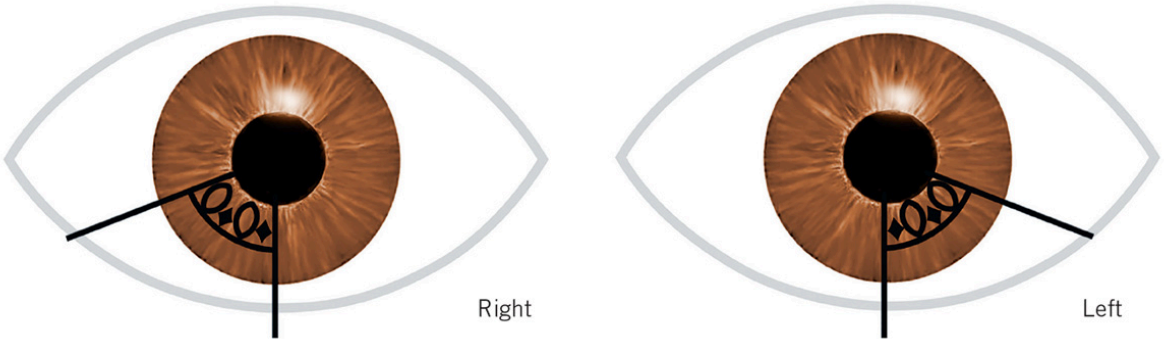
These are not the only works available. There are others that provide irrefutable proof of how an irregular collarette, radial signs, and tension rings are compatible with migraine syndromes, et cetera.

IRIDOLOGICAL SIGNS VS. ENDOSCOPIC DIAGNOSIS*								
			Disease Diagnosed by Endoscopy					
			Gastric ulcer	**Duodenal ulcer**	**Gastroduodenal ulcer**	**Gastroduodenitis**	**Esophagitis**	**Bulbitis**
Iridological Signs	**Crypts**	Yes	10	37	22	41	39	12
		No	2	4	1	15	9	1
	Lacunae	Yes	8	27	22	43	44	12
		No	4	14	1	13	4	1

*From *Medicina Naturista*

CLINICAL RELATIONSHIPS

Lacuna	**Crypt**
Gastroduodenitis	Duodenal ulcer
Esophagitis	Gastroduodenitis
	Esophagitis



Iridological areas with greater frequency of crypts and lacunae in people with clinical digestive symptoms, according to a Cuban study

When the iridologist is not focused on studying certain specific signs and obtaining more or less accurate statistics, he is usually cross-referencing information obtained during the interview with more relevant observations of the irises of his clients.

CASE STUDIES

The following pages describe sixteen real-life case studies. For each one, we will identify the most relevant complaint of the client, as previously

diagnosed by a doctor, and any remarkable clinical history. We will then identify the iridology signs that stand out, defining a specific function and reaction profile.

The iridological observations were all done in Barcelona. The constitutions of the sixteen clients, who were randomly chosen, broke down as follows: 31 percent were hematogenic, 44 percent were lymphatic, and 25 percent were mixed. Though the sample size was small, it is remarkable how greatly the neurogenic subgroup dominated.

In conclusion, we will say that observation of each particular iris allows us to have greater certainty of the ways in which individual people react, a fact that is useful to us as a tool to deepen our understanding of the vital phenomena that determine individual idiosyncrasy. Experience has taught us that the greater the number of signs in one person that we can interconnect, the more accurate the therapy will be for that person.

Case Studies

CASE 1

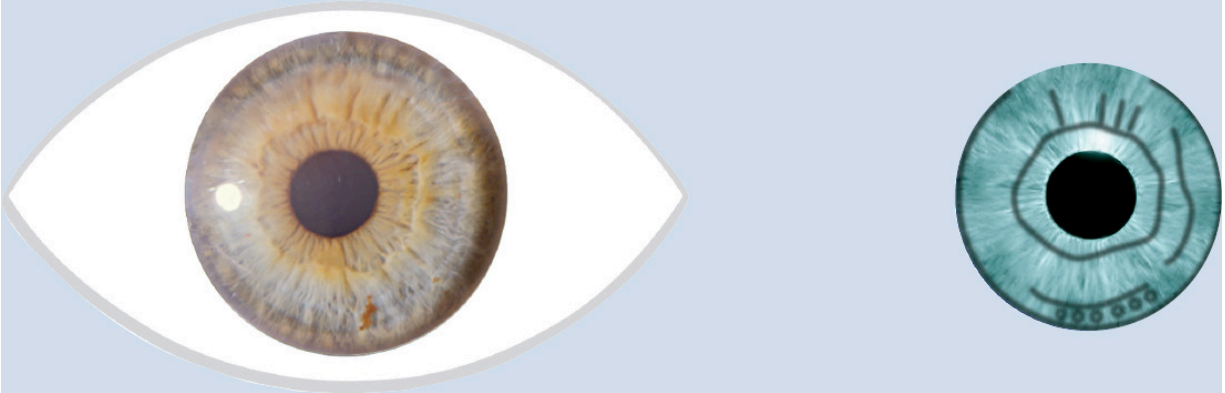
Chief complaint: ***General joint discomfort***

Male, thirty-eight years old, athletic, O blood type. Pain in the shoulder and lumbar area; stiff wrist, neck, ankles, and fingers. Symptoms worsen with humidity. Constipation, sebaceous cysts, physiological heart murmur. Conventional diet with coffee and fried foods. At the age of thirty-two he suffered a fracture in the right ankle. Lesions in ligaments caused by sports.

Tonsillectomy at three years of age (rheum in the blood). Paternal history of loss of mobility. Medical consultation pending.

Iridological Signs

- Central heterochromia
- Pigmented tophi pearls
- Tension rings
- Functional pigments



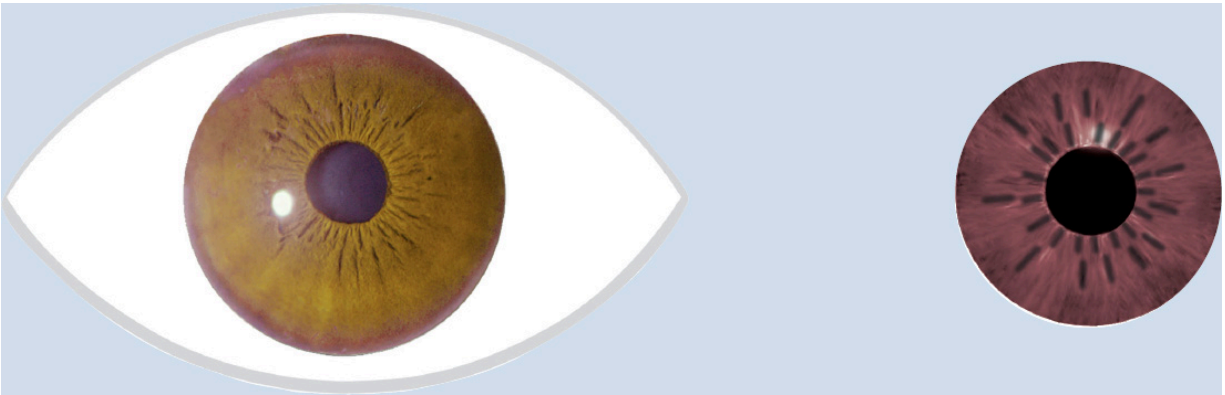
CASE 2

Chief complaint: *Frequent colds*

Male, forty years old, O blood type. Averaging one cold per week. Colds caused by temperature changes from hot to cold. Nasal congestion. Responds well to thyme with orange and honey. Diarrheal reactions to milk (since seven years of age) and a strong inferiority complex (arising from childhood). The symptoms occur near the ocean and are caused by the intake of garlic, onion, dried fruit, and alcoholic beverages and by cold weather. Cold feet. He suffered from asthmatic symptoms when young, but they disappeared during his years of military service. Conventional diet that includes soy and whole wheat bread.

Iridological Signs

- Radii solaris



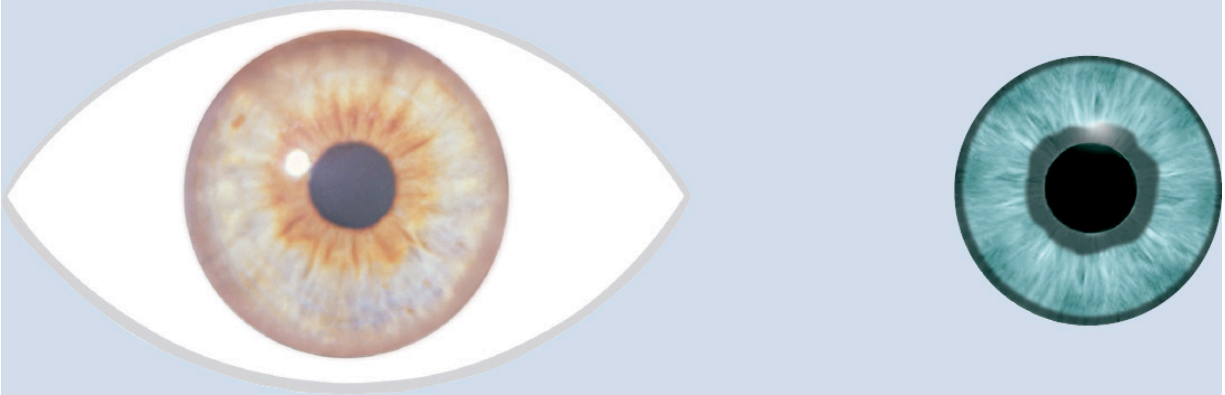
CASE 3

Chief complaint: *Buzzing in the right ear, tendency to feel headaches, discomfort on the right side, hypervolemia (overabundance of blood) in the head*

Female, forty-three years old, O blood type. Blood pressure 80/65, conventional diet with a lot of coffee, tonsillectomy during infancy, thoracotomy as an adult. Waaler-Rose negative,[*32] increased IgG (251). Red blood cells 5.23. Hematocrit 46.3.

Iridological Signs

- Central heterochromia
- Skin ring



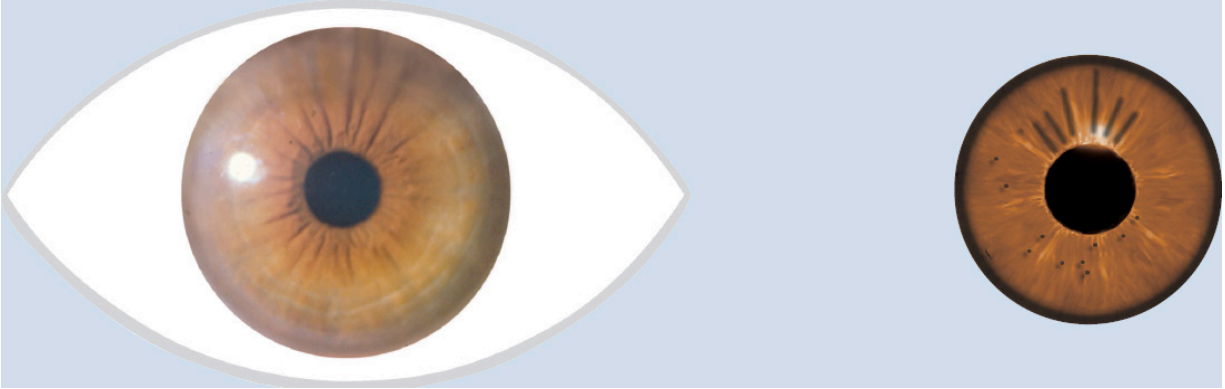
CASE 4

Chief complaint: *Eight days after being discharged from the hospital, attends the consultation with an allergy diagnosis to amoxicillin/clavulanic acid, headache, and chronic nephropathy*

Female, thirty-three years old. Arterial hypertension since the age of twenty-three. Salt-free diet. Creatinine 5.1 mg/dl, urea 230 mg/dl, anemia. Had once been to external consultation with a nephrologist for a case of edema in the lower extremities and proteinuria with normal renal function. Suffered carbon monoxide poisoning at the age of twenty-three.

Iridological Signs

- Skin ring
- Cephalic furrows
- Loss of substance



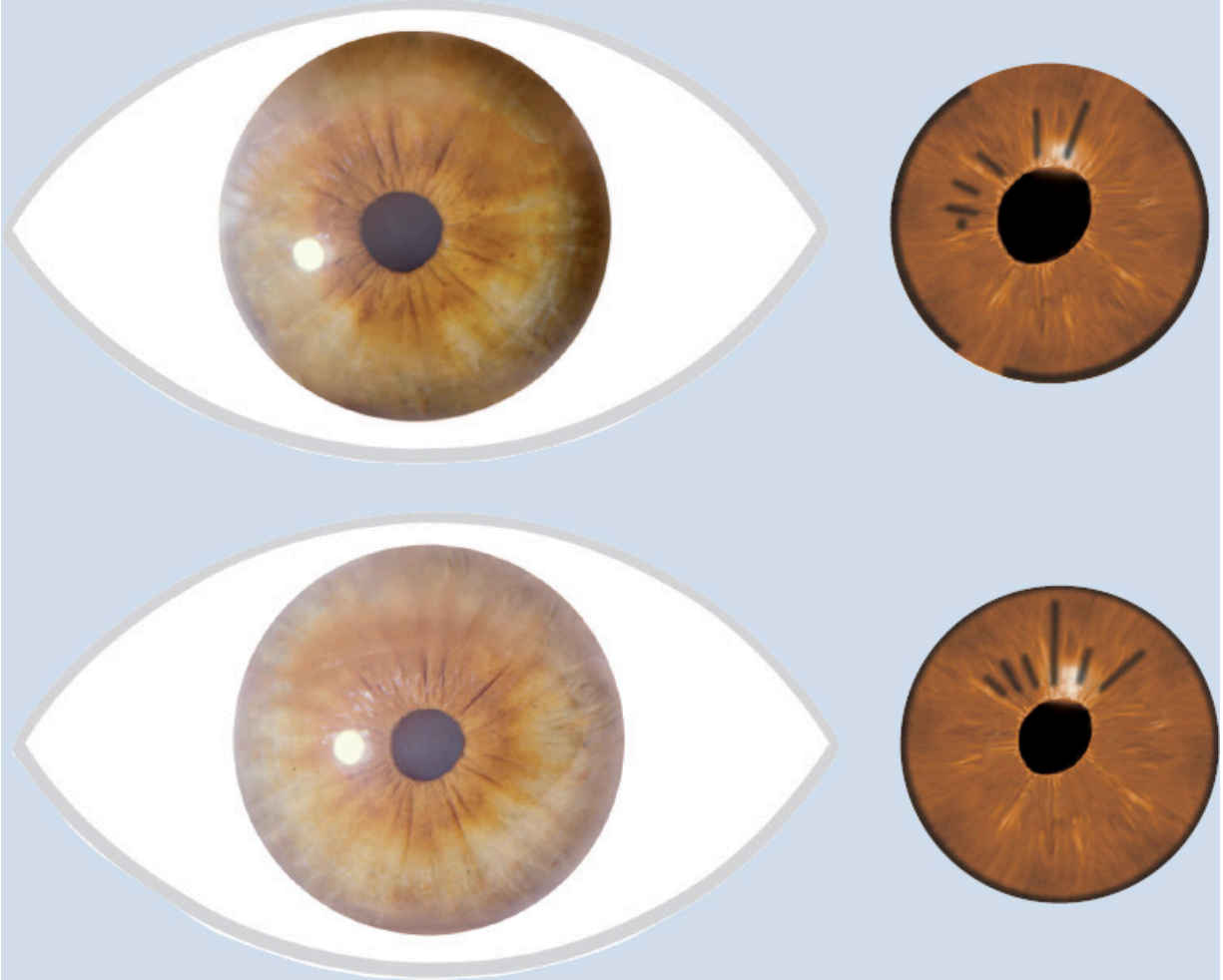
CASE 5

Routine consultation

Female, fifty-three years old. Diet mostly consisting of fruit and vegetables. Pneumonia at ten years old, appendectomy at thirteen, abundant and painful menstruation, anemia during puberty. Low blood pressure. Between the ages of forty-eight and forty-nine, she suffered two cervical whiplashes. History of the mother: tuberculosis and chronic bronchitis. History of the father: nervous stomach.

Iridological Signs

- Central heterochromia
- Dyscoria
- Skin ring
- Normal weave



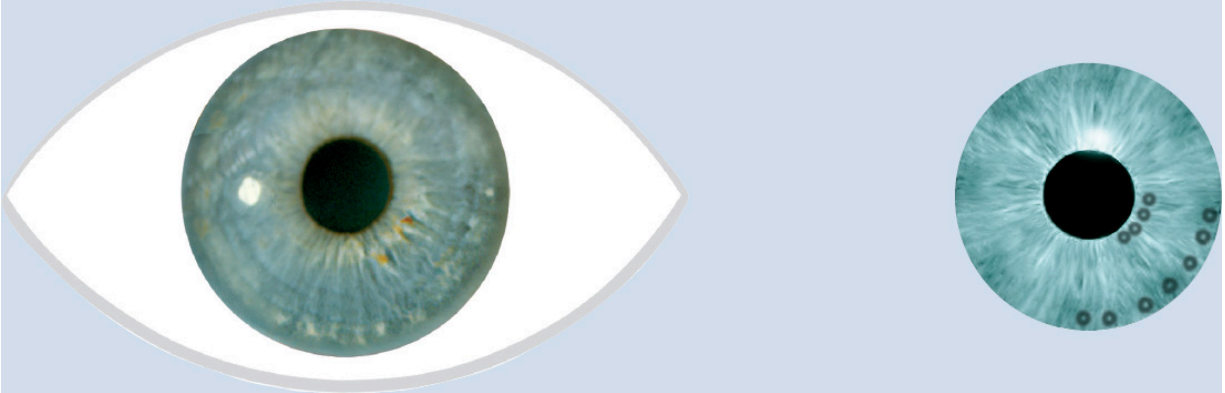
CASE 6

Chief complaint: *Stress, lasting for one and a half years*

Male, thirty-nine years old, blood pressure 120/170. Strong pulse. Feeling of pressure in the head, fainting, insomnia (has taken sleep medication since he was ten). Conventional Basque diet, three daily cups of coffee, and a pack of cigarettes a day. Tendency to suffer from hemorrhoids.

Iridological Signs

- Vascular sign
- Tension rings
- Tophi pearls
- Functional pigments



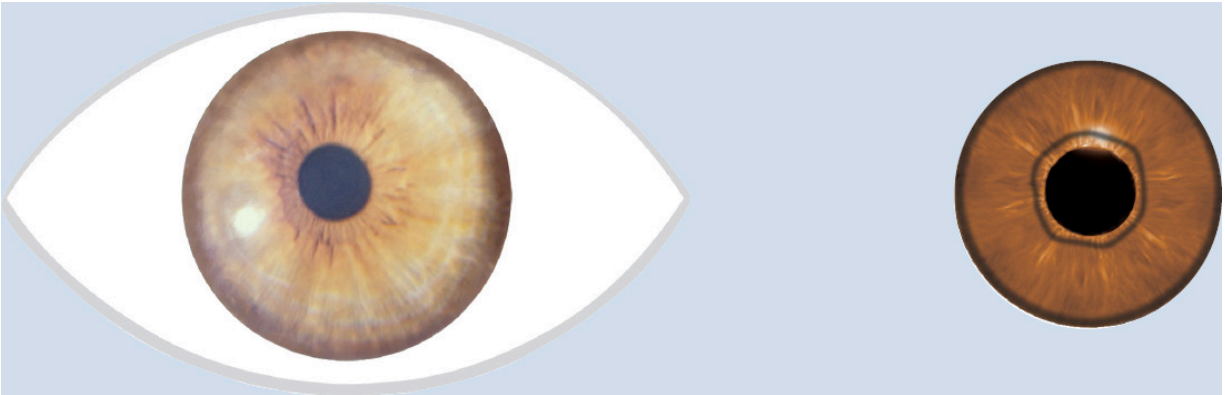
CASE 7

Chief complaint: *Rheumatism*

Female, fifty-three years old, O blood type. Blood pressure 140/90. Rheumatoid arthritis since forty-eight years of age. Height 166 cm, weight 63 kg. Joint pain (ankle), deformed joints, fatigue, allergy to metals and penicillin. Constipation. Lung tuberculosis at twenty-one years of age. Has taken the full range of antirheumatism medicines, from gold salts to biotechnological medicines. Hip prosthesis. Alkaline phosphatase 292 U/l. Calcium 11.0 mg/dl. Absolute neutrophils 7.3. ESR 29 mm/h.

Iridological Signs

- Prominent skin ring
- Narrow pupillary zone
- Pigmentation in cephalic zone



CASE 8

Chief complaint: *Pain and restricted mobility in the left shoulder as a consequence of a fall on her coccyx*

Female, thirty-eight years old, 1.69 m tall, 53 kg. Conventional diet. “Sad back,” asthma and emotional problems since the age of thirty-two.

Iridological Signs

- Vascular sign
- Loss of substance
- Nutritional ring
- Reflexive signs in the thoracic and dorsal zone
- Alteration of pupillary margin
- Functional pigments
- Dense stroma[*33]

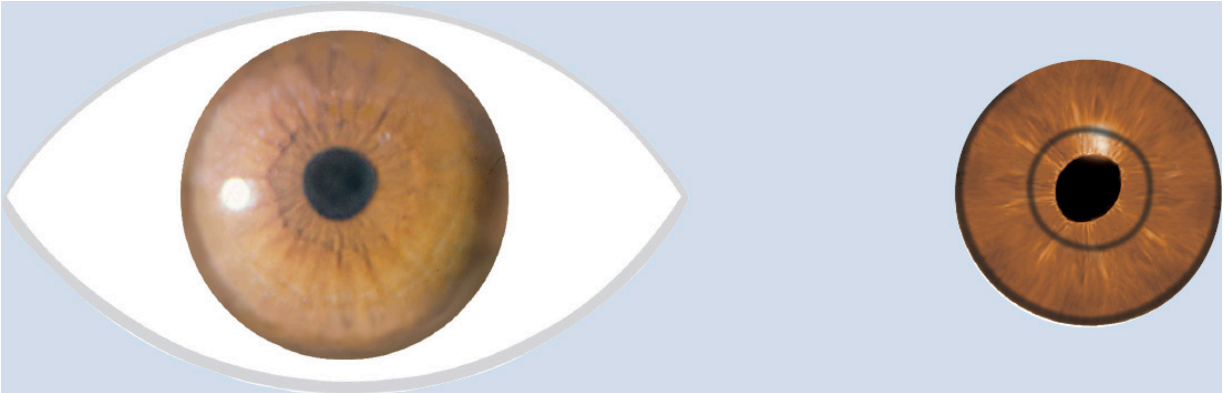
CASE 9

Chief complaint: *Back pain since the age of forty-three*

Female, fifty years old. Blood pressure 120/80, pulse 80. Red and cracked tongue. Has not recovered mobility in the arm after acromioplasty surgery at age forty-nine. Pain continues. The same phenomenon is happening in the other arm. Pain in the lumbar area, ankles, and hips. Takes antidepressants and doesn’t sleep well. Appendectomy at age forty-four. Carpal tunnel syndrome in left wrist. Otosclerosis in left ear. Tonsillectomy at age twelve. Duodenal ulcer caused by medication. The doctor referred her to the pain control unit.

Iridological Signs

- Dyscoria
- Miosis
- Cephalic furrows
- Skin ring



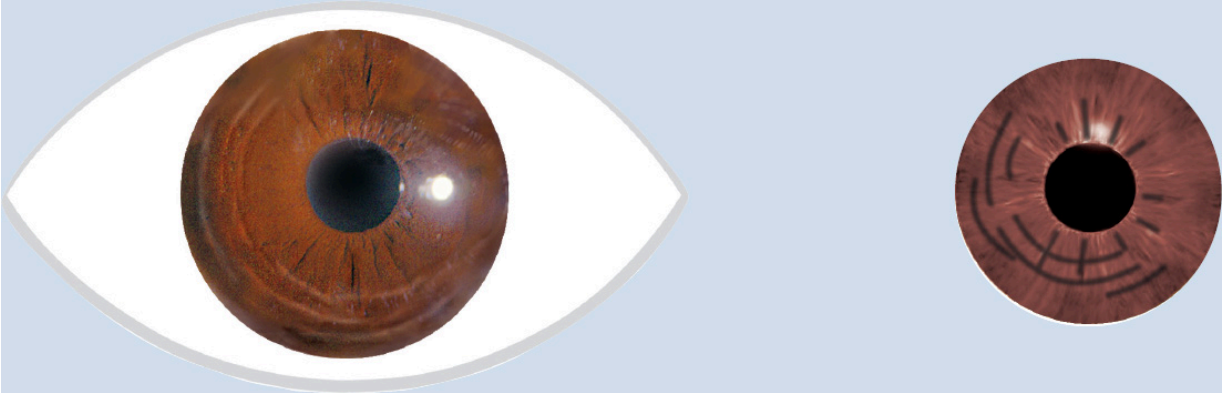
CASE 10

Chief complaint: *Anxiety*

Female, forty-one years old. Has suffered from anxiety for several months; has a history of anxiety. Bloated abdomen with pain. Slow digestion. Headaches. Loses weight easily. Wishes to vomit to feel well. When the patient was thirty-five, a close family member died. Varied diet; craves salt. Milk and garlic make her feel sick. Cold hands and feet. Lumbar contraction. Normal colonoscopy.

Iridological Signs

- Nutritional ring
- Polarized furrows
- Tension rings



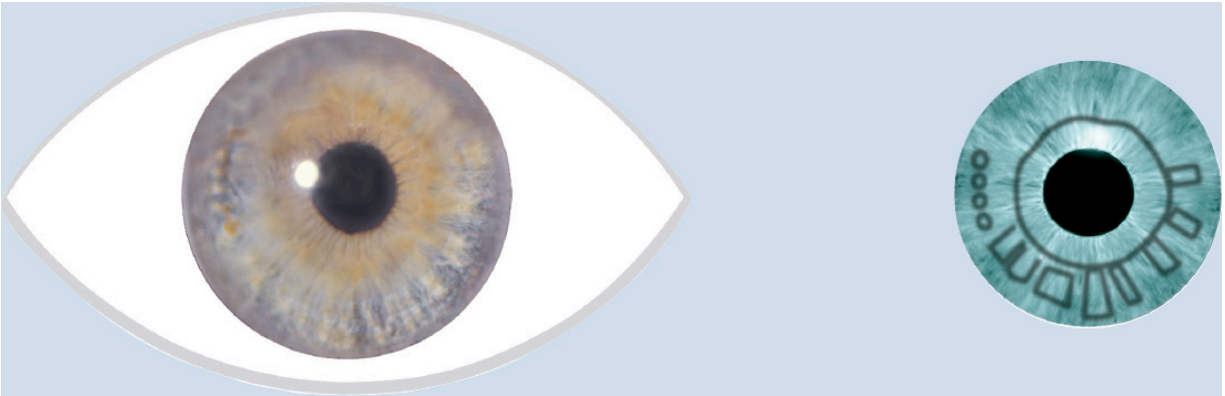
CASE 11

Chief complaint: *Psoriasis*

Female, thirty-six years old. Blood pressure 110/60. Doesn't feel particularly stressed. Gallbladder surgery at age of thirty-two (just like her mother), anemia. Conventional diet with fried food and snacks.

Iridological Signs

- Pigmented tophi pearls
- Other functional pigments



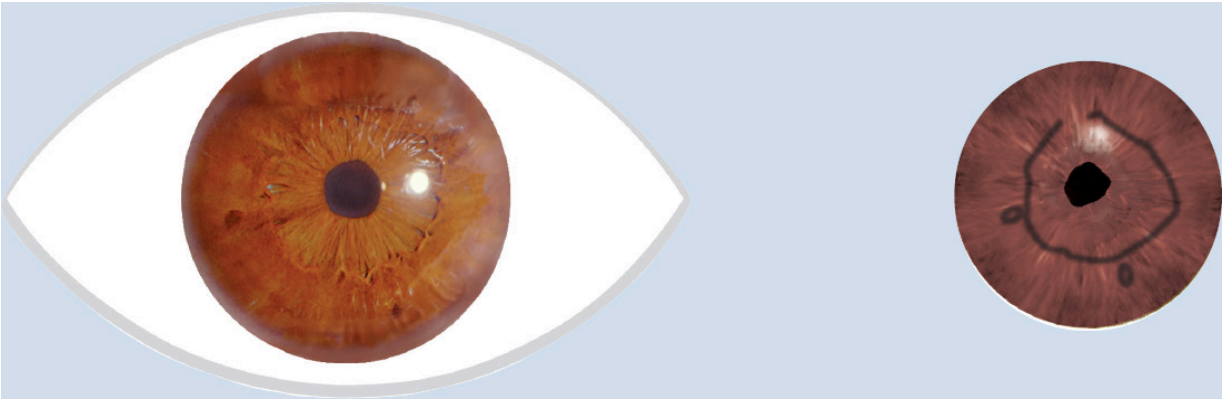
CASE 12

Chief complaint: *Continuous colds*

Male, thirty-five years old. Continuous colds, vasomotor rhinitis, recurring otitis. Slow digestion. Allergies. Blood pressure 110/65. Medicated for deep depression; has taken haloperidol since the age of eighteen. Fractured his right arm at age ten. Vegetarian diet started six months before. Inexpressive. Smells like sweat. Tends to become isolated. Had surgery for a cyst in the sacrum. Mother suffers from depression.

Iridological Signs

- Dyscoria
- Expanded pupillary zone
- Functional pigments
- Niosis



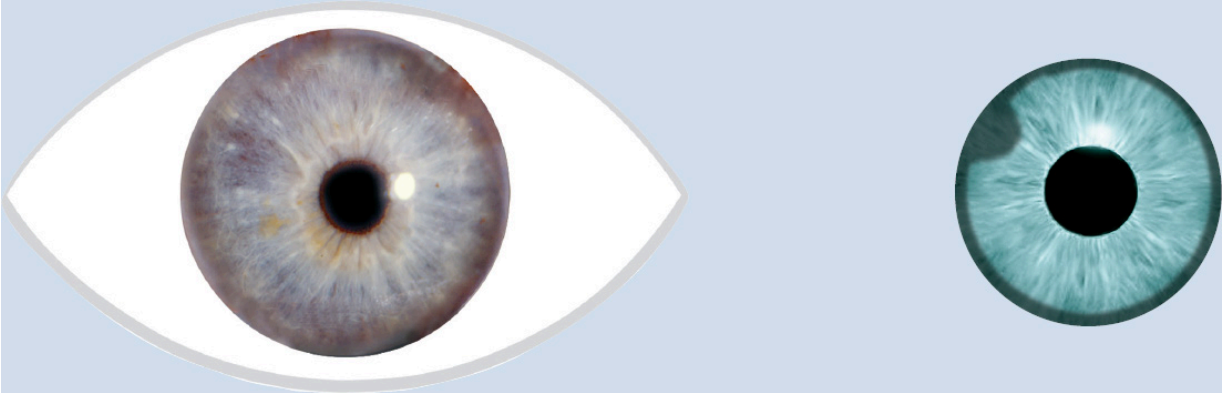
CASE 13

Chief complaint: *Eczema on the right hand*

Female, thirty-two years old. Blood pressure 130/85, pulse 72. Possible fracture of the fifth cervical vertebra (medical report). Headache on the right side after an accident; the right eye closes involuntarily. Pain in the renal area and right side of the back. Lack of sensitivity in the fifth toe on the right foot. Meningococcal meningitis at age six. Conventional diet.

Iridological Signs

- Prominent skin ring
- Irregular collarette
- Functional pigments
- Irregular pupillary margin



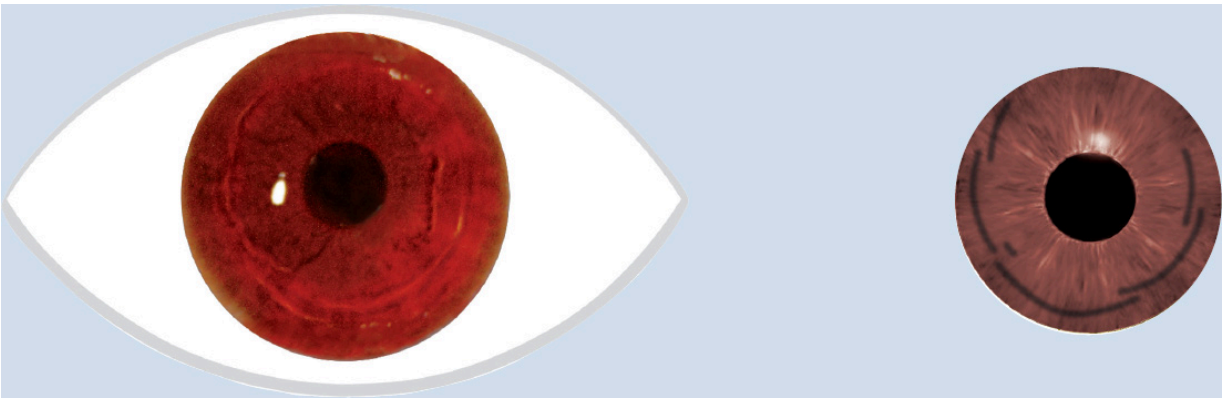
CASE 14

Chief complaint: *Anxiety crisis*

Female, twenty-seven years old. Low blood pressure. Tachycardia, chronic tonsillitis, heavily medicated. Asthenic constitution. Absence of menstruation for three months. Sensation of puncture in the chest. Heartburn and constipation, corrected with diet. Fear of falling ill.

Iridological Signs

- Miosis
- Tension rings
- Narrow pupillary zone



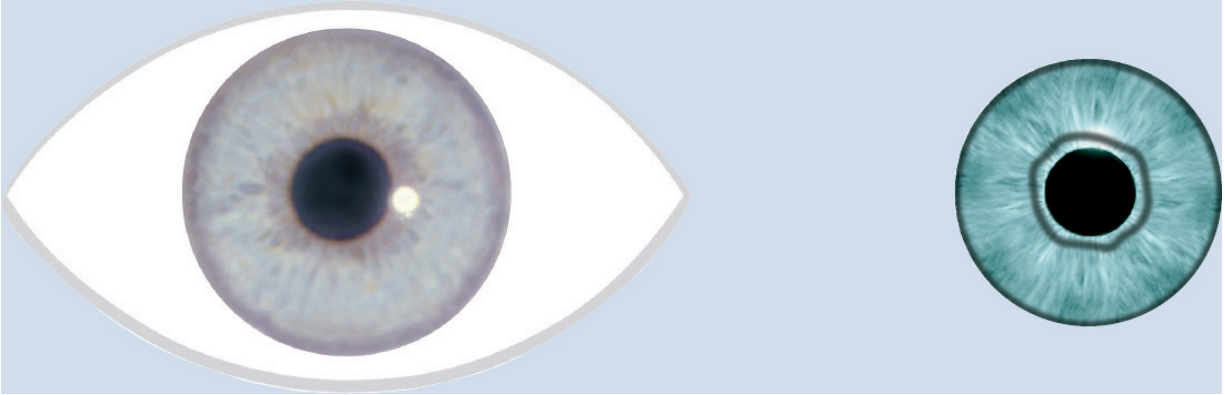
CASE 15

Chief complaint: *Hypertension*

Female, fifty-five years old. Blood pressure 180/90. Hypertension started during treatment with interferons for hepatitis C. Treatment with interferons was suspended at the same time due to a marked decrease of leukocytes. Hysterectomy for myoma. Appendectomy. Tonsillitis. Well-balanced diet; no cured cheeses, cold meats, or beer.

Iridological Signs

- pH alterations
- Visible skin ring



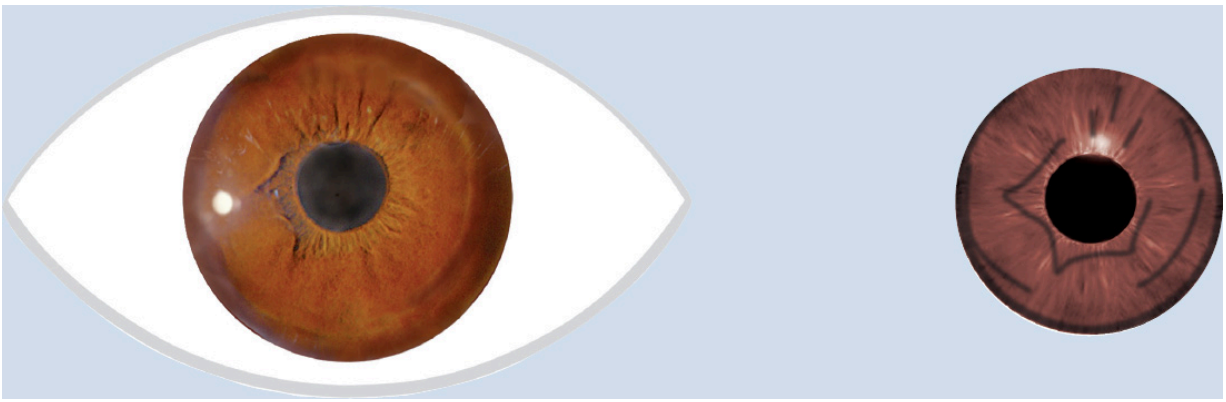
CASE 16

Chief complaint: *Recurring bronchitis*

Male, two years old. Recurring bronchitis that got worse in the last year. For the past few months he has thrown tantrums that coincide with teething, starting kindergarten, and having a triple viral vaccine. Homeopathic remedies oscillococcinum, thymuline, singulair, antimonium tartaricum, ignatia, and coffea cruda have yielded no results. Breast-fed until six months. His iris is similar to that of the maternal grandmother.

Iridological Signs

- Irregular pupillary zone
- Cephalic furrows
- Tension rings



10

Iridology and the Miasms of Homeopathy

Destiny: conjugation of the future with the past.

IDENTIFYING MIASMS IN THE IRIS

German physician Samuel Hahnemann first proposed his theories of homeopathy in the early nineteenth century. Though hundreds of years have passed and our theories about disease have changed since then, the creator of homeopathy somehow came up with a hypothesis to explain and treat chronic diseases with efficacy in a time when microbes had not yet been discovered.

In the nineteenth century, doctors spoke of miasms as the influences or carriers that caused disease. They tended to believe that telluric emanations (gases and vapors from the ground) were the miasm that caused disease. Hahnemann (1755–1843), on the other hand, spoke of disease using terms like *infection, incubation* and *contagion,* considering this last one as key for the manifestation of miasms. He studied the incidence of and evidence for contagion by some unknown factor, which he called *psora*—the original miasm and source of chronic disease. As he noted:

> This miasm . . . may be communicated by linen which has been washed together with the linens of persons afflicted with the itch [psora]; by gloves which such a person had tried on before; by a bed or towel which had been used by itch patients. Often even it is given to the child by the mother during its passage through the maternal organs, or by the midwife who just came from another parturient woman.[*34]

In order to prove the existence of the psoric miasm, Hahnemann collected records of his own experiences and those of his colleagues, who, without knowing about microbes, observed the contagion phenomenon of certain morbid manifestations that were transmitted from person to person through skin contact and required a specific period of incubation (six to twelve days). But his observations went beyond contagion. Hahnemann theorized that even if the signs of said contagion were extinguished on the skin, the disease not only persisted but was more active and virulent within the person. In reality, Hahnemann had discovered a concept more elaborate than anything his contemporaries could envision, and which Western

medicine still ignores today: miasms are our inherited pathological potential, governing our susceptibility and reactivity to illnesses.

Hahnemann confirmed that if manifestations of the psoric miasm were not treated with antipsoric homeopathic remedies, the disease would remain. In fact, according to this hypothesis, we can observe that the modern antibiotic is not the best solution against a chronic pathology of microbial origin.

The psoric miasm has affected humanity since its origins and is highly contagious. Hahnemann identified three miasms in all: psoric, syphilitic, and sycotic. In more modern times, homeopaths have added the tubercular miasm and the cancer miasm. In the sections that follow, the psoric, syphilitic, and tubercular miasms are discussed in more detail.

Ignaz von Peczely was very strongly influenced by the homeopathic doctrine, and he identified signs of psora in the iris. Since then, iridologists have observed that the psoric miasm is expressed with more complexity than what Ignaz first explained and in different parts of the eye, not only in the iris. The tubercular and syphilitic miasms, on the other hand, have *lumen* signs—signs of the light, which can be observed in the pupil, where light enters the eye (pupil deformities, cataracts, arches, etc.). Naturally, each of these three miasms mentioned correlates to the person's symptoms, which are easily identifiable, as you will see next.

Psoric Miasm

Psora is the miasm of scabies, tinea, and tetters, among other diseases. It is transmitted via the exudates of the pustular blisters that form.

Leon Vannier said that toxin transmission from the parents to the child established a predisposition (psora), but the pigments are not related to scabies. He also warned that practitioners need to be careful with elevated homeopathic dilutions in these cases.

The following symptoms are common with the psoric miasm:

- Itchiness in the skin and anus that causes insomnia or sleeplessness, accompanied by a feeling of guilt

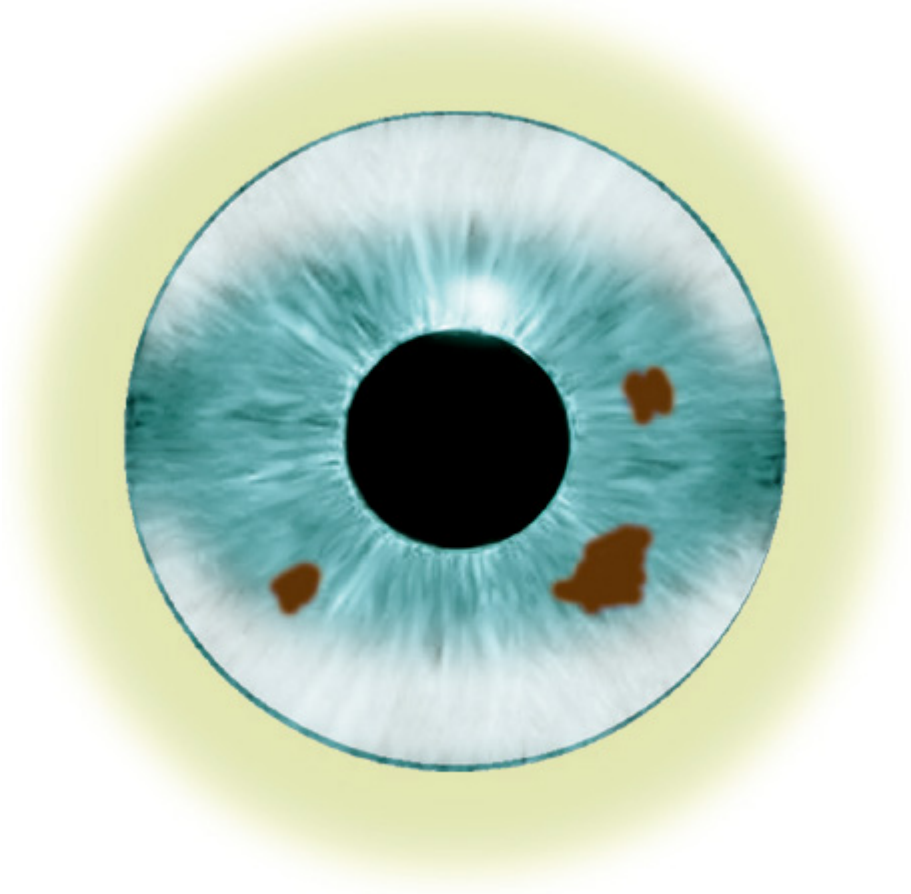
- Deterioration of health leading to desperation; the person may feel as if fate has turned against him or her
- Lack of vitality, especially in the morning
- Cold hands and feet

Broy's Psoric Constitution

Thanks to the priceless collaboration of C. B. Heubisch, the author of this book knows that J. Broy details a total of twenty-one constitutions and three diatheses (states of illness between health and illness itself), and that Broy's followers get good results with iridology. Broy's approach to constitution does not differ greatly from the one we have expressed in the book, though it is more expansive, so the predominant signs described in chapter 5 prevail.

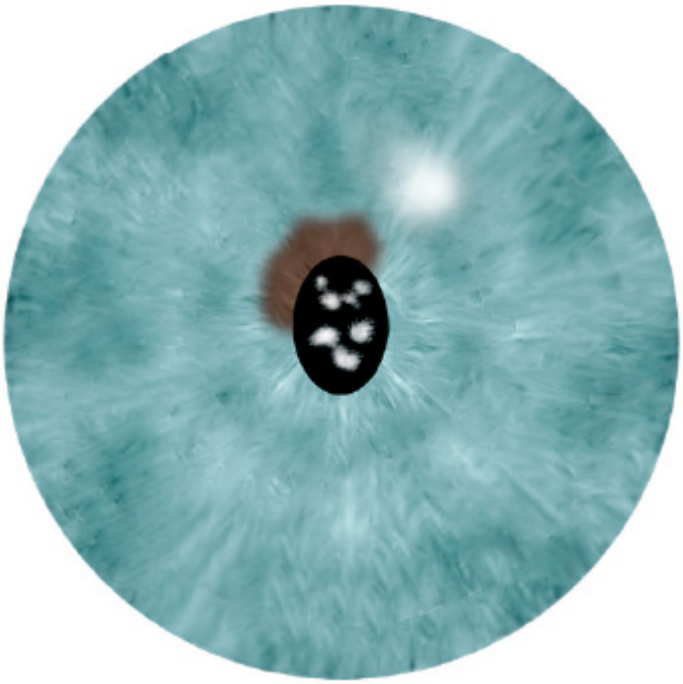
Broy's psoric constitution

Iridological Signs of Psoric Miasm



Pigments in the iris (scabies spots)[*35]
Milky lymph
Inflammation of the eyelids
Subicteric sclera
Blurry vision
Floaters
Night blindness
Amaurosis

Iridological Signs of Syphilitic Miasm



Deformed pupil (dyscoria)
Abnormal pupil reaction (Argyll Robertson pupil)
Luetic cataract
Signs at the pupillary margin (hereditary psychosis) (P. Smith)

- A tendency to catch colds often
- Constipation and varicose veins
- Lack of response to stimulating drinks like coffee
- Hot sweats; hot flashes at night
- Dry skin, with blisters
- Increased appetite at night; aversion to milk
- Purulent secretions mixed with blood; reddish cerumen (earwax)
- Pale, rashy skin that worsens with external treatment for the rash
- White tongue
- Bitter, sour, and sweet taste in the mouth

Syphylitic or Luetic Miasm

The syphylitic misasm stems from a contagious and destructive microorganism. The serum of syphylitic chancres spreads throughout the body, with symptoms like:

- Fear of going mad, dying, or paralysis, which is worse at night
- Obsession with washing the hands
- Desire to be alone
- Megalomania
- Unbearable pain at night
- Syphilis
- Weight loss
- Alcoholism
- Hair loss
- Paralysis of the optical nerve and face
- Progressive deafness
- Cavities in ear bones, nasal bones, and palate
- Hypertrophy of the tonsils
- Lymphadenopathy in the groin
- Anal fissure
- Hard chancre in the penis or labia
- Herpes
- Syphilitic iritis
- Pupil deformation
- Fetid secretions

Tubercular Miasm

The tubercular miasm is characterized by symptoms like:

- Constant desire for change
- Fear of going to the doctor

- Stubbornness
- Intolerance for being looked at
- Desire for vengeance
- Temperament that shifts between indolence and work
- Meandering or meaningless speech
- Feelings of hopefulness
- Mental fatigue and confusion
- Hypersensitivity to noise
- Family or personal history of tuberculosis
- Inability to recover even with treatment; any improvements are not permanent
- Erratic and cyclical symptoms
- Progressive weight loss with fatigue
- Increasing lack of vitality with night sweats
- Lymphatic hypertrophy
- Fetid secretions without pain
- Inflammation of the gums
- Strawberry tongue, with painful tip
- Tonsil hypertrophy
- Bleeding hemorrhoids
- Abundant menstruation with clots
- Lumbar-sacral pain
- Pneumonia and pulmonary abscess
- Breast tumor
- Pain in the armpit
- Itchiness and heat in the body

Iridological Signs of Tubercular Miasm

Bridge
Traumatic knout (Russian whip) or peduncle
String or floating arch

Common Signs of the Three Miasms: Psoric, Syphilitic, and Tubercular

- Abuse of topical drugs
- Affinity for certain microbial agents (*Sarcoptes scabiei, Mycobacterium tuberculosis, Treponema pallidum*)
- Evident skin and mucosal reactions
- General signs of devitalization
- Alcohol cravings
- Chronic lymphatic reaction
- Frequent sweating
- Malodorous secretions

MIASMS AND NEWBORNS

According to J. A. Casale, miasms should be taken into consideration not only in adults, but in newborns too, because they receive the "miasmic load" of their parents, and, more specifically, of the mother during the gestation period.

In cases of psora (psoric miasm), the newborn will try to become a part of the family group in an unhealthy way, manifesting evident insecurity and a marked feeling of abandonment when the mother, or her equivalent, is away. This attitude will transmit to the observer an image of attention seeking or a possessive personality.

To prevent this from happening, and in alignment with the miasm hypothesis, it is important that the mother affected by a miasm seeks help during pregnancy and after the birth, with the purpose of helping the baby have a harmonious development and offer better conditions for facing life.

First: Do No Harm

Before attempting to work with patients and make proclamations about their health and constitutions, we must first practice iridology for a long time and train with an experienced therapist. After all, iridology is a science of interpretation. If an organic marking is observed in the heart zone of the eye, this does not necessarily mean that the person suffers from a heart condition. This genetic expression must always be assessed in relation to the whole eye and other personal characteristics. Only in this way will the observations be valid, and they will not add more worries to those who attend our consultations.

This attitude and behavior is also valid for other reflexologies. In alternative medicine, those who try to connect their observations to specific diseases are going down the wrong path. As Hippocrates said in one of his most quoted aphorisms, "It is more important to know what sort of person has a disease than to know what sort of disease a person has."

11

The Influence of Nutrition and Acid Intoxication

Uric acid is the origin of disease.

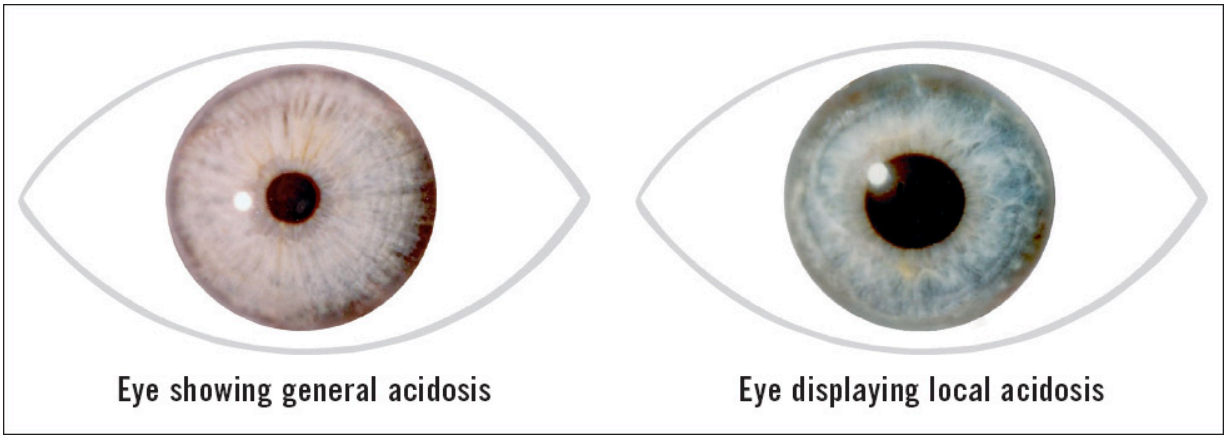
A. HAIG (1813)

pH AND THE WESTERN DIET

A good example of the typically poor Western diet is that of the average American, whose nutrition sources are mainly milk, industrial bread and other baked goods, additives, charcuterie, coffee, instant cereals, mayonnaise, industrial cheese, potatoes, and beverages like cola drinks, which as a whole provide phosphorus at levels that exceed what is considered to be the tolerated daily intake. As a result we find increased levels of sodium and phosphorus in the population, as well as a marked acidity, which explains why in our culture, when we talk of pH, we are generally more interested in the excess of acid than of alkalis. But still, strictly speaking, imbalanced pH, whether it is reflected in an inadequate acidity or inadequate basicity, can cause many health problems, even if it is true that the organism seems to be behaving as an acid producer, or that it has a marked tendency toward acid excess, as the following graph shows.

SAMPLES OF PHYSIOLOGICAL pH[*36]

Gastric fluid	pH 1–3
Pancreatic fluid	pH 7.3–8.1
Intestinal fluid	pH 6.5–7.3
Bile	pH 6.0–7.8
Saliva	pH 5.8–8.5
Sweat	pH 5.6–6.2
Urine	pH 4.8–8
Glomeruli	pH 7.4
Blood	pH 7.30–7.50
Extracellular fluid	pH 7.4
Intracellular fluid	pH 7
Mitochondria	pH 6.98



Eye showing general acidosis

Eye displaying local acidosis

Acid excess in the organism is controlled through buffer systems and an alkaline tide.[*37] With the purpose of keeping blood pH within normal values for vital functions, acids accumulate in the mesenchyme, the most important buffer system in the body. Its particular structure makes it behave as a kind of metabolic sponge that stores acid residue that the kidney and lungs cannot eliminate when they are overloaded. This storage and the subsequent neutralization follow the circadian rhythm (day-night), because otherwise the body's warning mechanisms (respiratory and metabolic acidosis and alkalosis) would be activated. An acid overload is recognizable, especially during the day, as a result of the diet and physical activity.[† 38] At night, the acid "sources" stop, and during sleep the mesenchyme returns the excess metabolic residue that was stored during the day to circulation.

The main acids that contribute to local and tissue acidification are monobasic phosphates, sulfuric acid, phosphoric acid, uric acid, and hippuric acid. The main buffer systems are proteins, carbonic acid, and sodium bicarbonate, along with the previously mentioned mesenchyme. We can group them as follows:

- **Proteins and phosphates:** intracellular buffers
- **Bicarbonate and carbonic acid:** extracellular buffers
- **Mesenchyme:** systemic buffer

pH AND NUTRITION

During the first decade of the twentieth century, Ragnar Berg, Heinrich Lahmann, Rikli, Louis Kuhne, and Hindhede were already addressing pH in relation to nutrition, classifying foods according to their alkalizing or acidifying natures, as assessed by the pH observed in urine. Berg, who collaborated with Lahmann, a natural physician and disciple of Khune, established a protocol for an alkalinizing diet: Foods rich in alkali are vegetables (raw or steamed), potatoes, and milk, and foods rich in acids are meat,[‡ 39] legumes, fats, cereal flours, and eggs. For an alkalinizing effect, maintain the diet with a 5:1 to 7:1 proportion of alkalinizing-to-acidifying foods.

Do They Contribute Acids or Alkalis?

ACID FOODS

- Meat
- Animal fat
- Yogurt
- Cheese
- Eggs
- Bread
- Cereal flour
- Legumes
- Brussels sprouts
- Asparagus tips
- Beer
- Sucrose
- Refined foods
- Canned food with additives
- Mineral water, according to composition
- Excess of cooked foods

ALKALINE FOODS

- Potatoes
- Most vegetables
- Most fruits
- Root vegetables
- Fruit juice
- Milk
- Whole foods
- Canned foods with salt and water
- Mineral water, according to its composition (sodium bicarbonate)
- Excess of raw foods

Subsequently, other authors have observed that, essentially, subclinical acidosis contributes to alter both our behavior (causing sadness and depression, according to Hoff) and to enhance inflammation processes (according to Lutthen) or to increase susceptibility of the skin to ionizing radiation. Evidently, not only diet but also age and temperature contribute to this latent acidification. In addition, this latent acidity can cause local pathologies like fungi and bacteria proliferation.

Modifications of pH in different parts of the digestive tract can favor or hinder digestion of the constituents in our food, and they can also modify the speed with which we absorb minerals. Modifications of pH can also favor pathologies of the skin, and in the systemic scope it can modify bone density, and the mood and vitality of a person. In general, most chronic diseases appear with tissue acidosis, thus the importance of having appropriate pH in the organism, modifying, if possible, certain behaviors and the diet to encourage alkalinization.

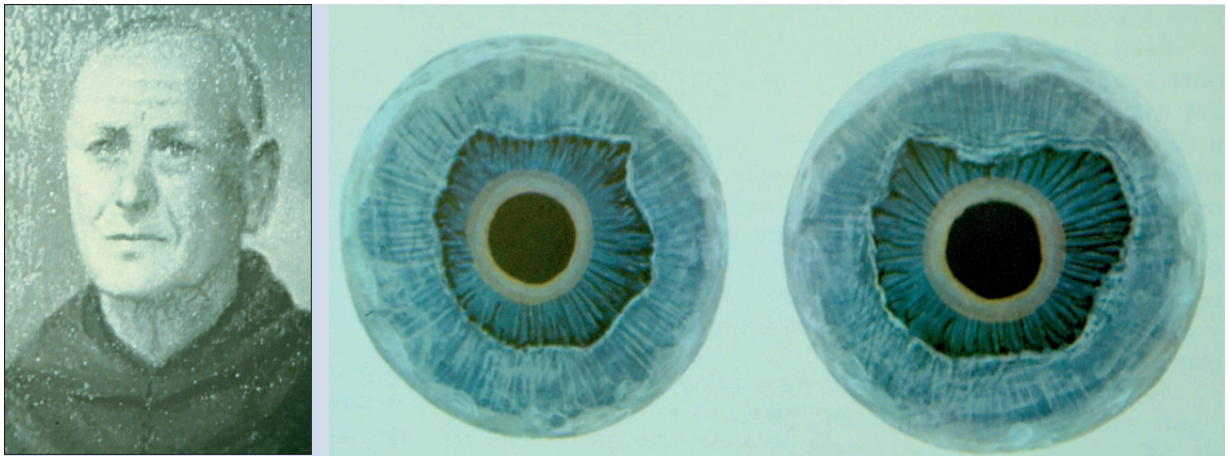
Kuhne said that the sick man would generally have bad digestion, and Lahmann came to the conclusion that, among other factors, the sick person almost always evolved toward tissue acidity, moving further away from the acid-alkaline balance. However, it is known that this is not always the case, because phosphatic lithiasis, certain types of cystitis, and epilepsy are better treated if the organism is acidic, which helps explain why a ketogenic diet, which is acidifying, can be of assistance in cases of epilepsy.

As noted earlier, we find in modern society that an overly acidic state (acidosis) is prevalent in all populations, sick or well. Because an overly

acidic state can do so much harm, it is very important to identify any genetic predispositions to acid excesses, and iridology lets us do that.

Knowing that both predisposition and the general trend in our dietary habits lean toward acidification, the common hygiene advice for the population at large recommends an alkaline diet, where vegetables, dried fruits, and whole-grain foods predominate, and moving away from the habit of eating a large dinner with a lot of meat. Instead, dinners should be light, and we must insist upon this, or else foods poor in minerals and rich in sodium, phosphorus, purines, and other acidifying constituents complicate the nightly turnover, which leads to sleep alterations due to an overload of the digestive system and the mesenchyme. It is also a good habit, in this sense, to use lemon remedies, which have an alkalinizing effect, once or twice a year.

Anecdote: The Iris of Angelats



J. Angelats (1870–1937) was a renowned Catalan naturopath. As Professor H. W. Schmidt described in the prologue of Angelats's book *Naturoterapia,*[*40] Angelats's iris showed that he had a neurogenic constitution, with a disposition to suffer from acid problems and gout episodes, which he possibly never suffered because Angelats fasted periodically, and the rules of the Order of Minims did not allow him to eat meat (however, this cannot be stated with certainty).

The weak connective tissue of his intestines predicted aggressive malignant diseases in his old age. Maybe these intestinal problems led him to rely on a vegetarian diet and natural regime. If this was the case, he had another point in common with his European compatriots.[†41]

As Angelats himself notes in the book *Iridodiagnosis,* “For many years now I have suffered a dilatation of the stomach.”

In daily life, a constitution like that of J. Angelats corresponds to hardworking people who solve the tasks set upon them with tenacity, sacrificing their own personality. Angelats himself more than demonstrated this assertion with his double occupation, with practices, teaching, and writings, both religious and naturalist.

His iris also showed a tendency to suffer from diseases of the lymphatic system in the bronchi, kidneys, prostate, bladder, and intestinal mucosa, with a possible edematization of the joints. In old age, these qualities manifest in a sad and melancholic temperament, with a tendency to become depressive and lonely. Unfortunately, the Spanish Civil War (1936–1939) did not let Angelats experience this in the first person, because he was killed at the beginning of the battle.

12

Iridology from Infancy through Old Age

The enemy of health is the person itself.

IRIDOLOGY IN THE TWENTY-FIRST CENTURY

Through iridology the author of this book has learned that people have a functioning code that makes them more inclined to certain types of behaviors than others. (On a rather different line of thought, this statement could remind us of the ancient concept of destiny; this is why some people talk about divination through the iris.) Following this consideration, we gather that when we do not know our iris, we do not take full advantage of our life, because we just move along through our life without knowing our full potential.

Furthermore, if we have the tools to achieve almost everything we set ourselves to, why does our life become a cluster of obsessions that harm us, rather than bringing us positive energy and results? For example, many people are gifted with the power of persuasion and negotiation, but instead of using their skills for their own benefit and that of others, they become unduly obsessed with questions of the past or daily issues without much interest.

If we have the great ability to interact with our environment (what Jung called the "extrovert personality"), but we don't know it, because we have not seen our potential reflected in our iris, then we allow our individuality to be fragmented, and we give room to fear, constantly complaining about things we cannot do, or how we cannot make a decision. In other words, we are strangers to ourselves, and thus we ignore the code of functioning that allows us to reach optimal well-being.

The iridology we are talking about—the one we are working on right now—will be the iridology of the twenty-first century. It will tell us our hygienic needs—diet, lifestyle, and more—in a highly personalized way. It will alert us to our health predispositions and behavioral tendencies and tell us the most adequate remedies for each one of us. It will give us advice that will help us know ourselves better.

So now let's look at how we can begin to know ourselves better by evaluating the evolution of the iris and our observations of it throughout our life.

INFANCY

In infancy, health problems generally revolve around ENT (ear-nose-throat) inflammations, colds, sinusitis, asthma, bronchiolitis, et cetera. At this age, iridology is a valuable method that lets us know about the existence of inherited diseases and health disorders that are still in a preliminary or potential phase. This is why iridology plays an important role in pediatrics.

CHILDHOOD

Iridology signs appear in the iris of the child, providing information about future health problems. Once these weaknesses are identified, natural and homeopathic spagyric remedies (created according to the principles of alchemy), in combination with a personalized diet, can help stabilize the child's health. The following iridology models can give a general vision of the most frequent signs in the child's iris. Dietary suggestions can be a guide to stimulate the healing strength inherent in children and all beings.

The Lymphatic Child

As it was said before, the blue iris reveals a predominant lymphatic system, made up by the lymph, lymph nodes, tonsils, and thymus. When whitish tophi pearls appear in this iris, the organism is at risk of being overloaded by an excess of phlegm. As a consequence, the child constantly catches colds, has a stuffy nose several times a year, or suffers from tonsillitis. The immune system is not in harmony, and the child has sensitive skin, with little resistance to sun rays.

In this case, as soon as the child's age allows it, the intake of dairy should be reduced, because dairy protein increases the production of

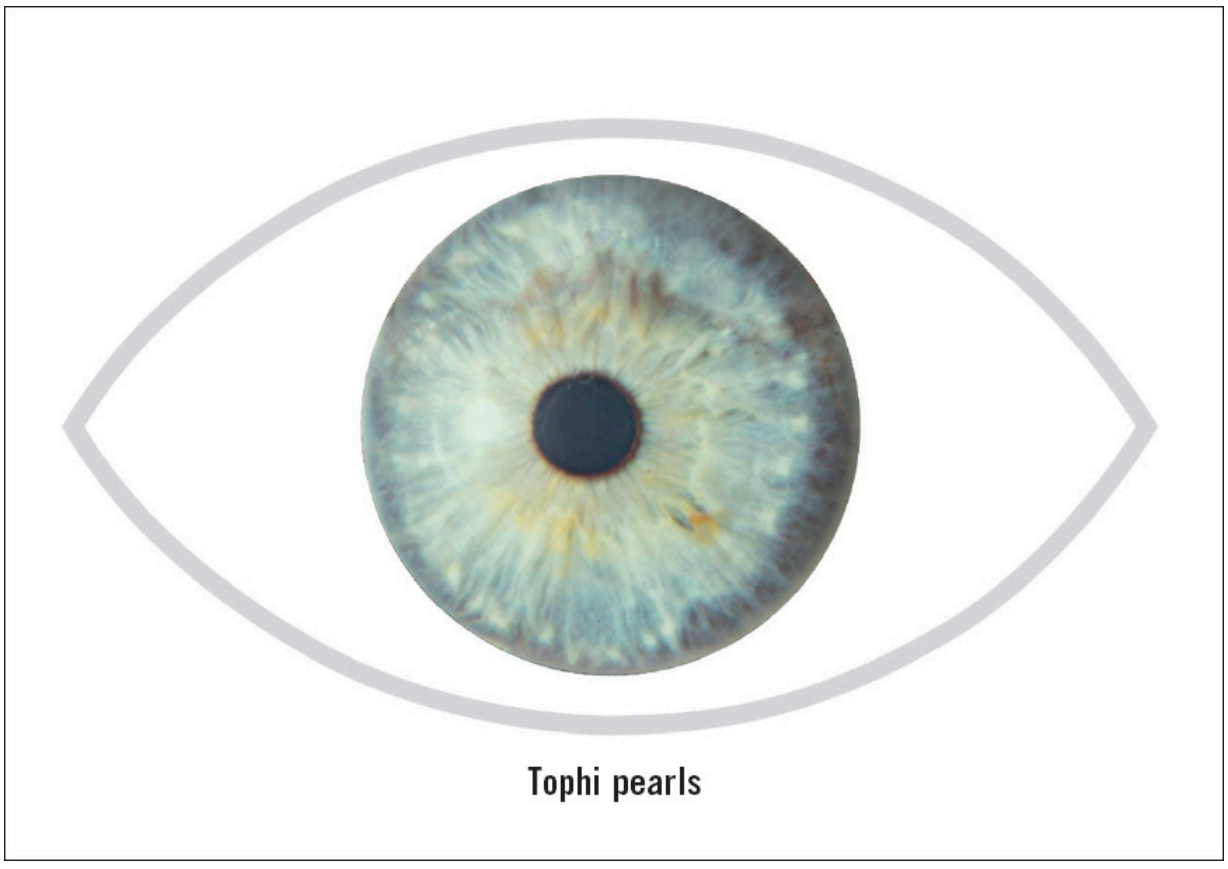
phlegm in the body. Another option is to take advantage of foods that reduce mucus: non-GM soy, carrots, gooseberries, spinach, pickles, mint, and thyme. In general, it can be said that a raw regime reduces phlegm, because foods prepared with white flour and sugar increase it.

The Hematogenic Child

Radial and tension furrows are the most frequently observed iridology phenomena in children with chestnut-colored irises, but they do not indicate any problems in the child.

Iridic Signs in Children

When any of the iridology signs described below is identified in the eye of a child, conclusions can be drawn about that child's predisposition toward certain diseases. With the personalized recommendations for each sign, including our overall perception of the little patient, adequate assistance can be given to help the child have stable health.



Tophi pearls

1. Tophi Pearls

The existence of white tophi in the sixth circular zone of the iris (the dermal zone) is a warning that the skin can be affected by harmful substances or by the bad composition of body humors. The body cannot eliminate these substances through the intestines, so it tries to eliminate them through the skin; as a consequence, the skin is overloaded, which enhances the onset of its symptoms, like eczema, cradle cap, hives, or neurodermatitis.

In these cases, it is helpful to minimize in the diet as much as possible any foods that may irritate the skin and mucosae, like pork, smoked foods, and excessive pepper or salt. At the same time, polyunsaturated fat (olive oil, wheat germ oil) has favorable effects, as do millets, almonds, blueberries, and brewer's yeast.

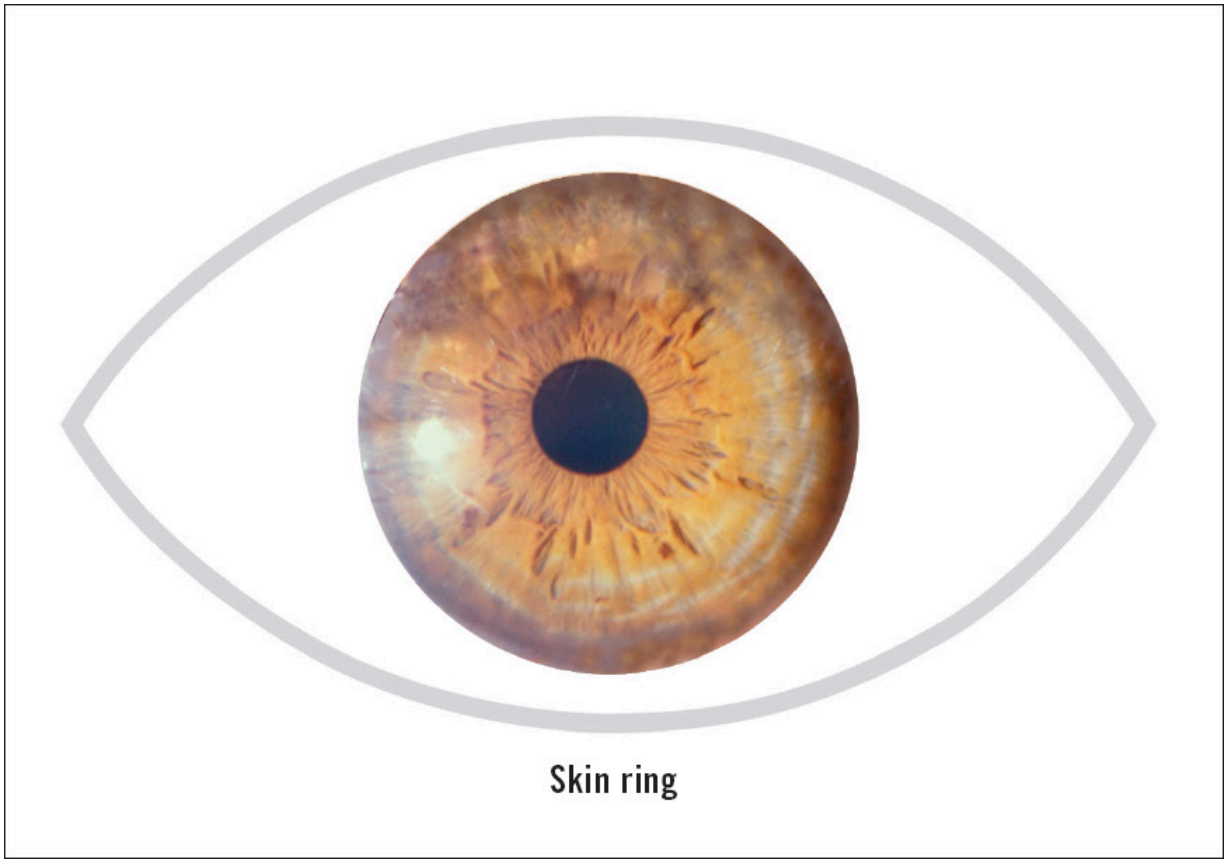
Curled reflexive fibers

2. Curled (Corkscrew) Signs

These fibers are located from the pupil border to the collarette of the iris, but not in a radial orientation, as they form curls, and they are signs of irritability of the nervous system. Children with this sign have a very

sensitive reaction to physical or psychic stimuli and don't sleep well. They complain frequently of headaches caused by fatigue. They eat or drink too quickly, which causes nervous vomit and aerophagia.

It is most important for the child to eat without stress, in a peaceful environment. It is helpful to encourage in the diet foods that have a high content of calcium and magnesium, like dairy products, bananas, apples, and nuts. A very interesting culinary herb for the nervous system of a child is melissa (lemon balm), which has calming properties.

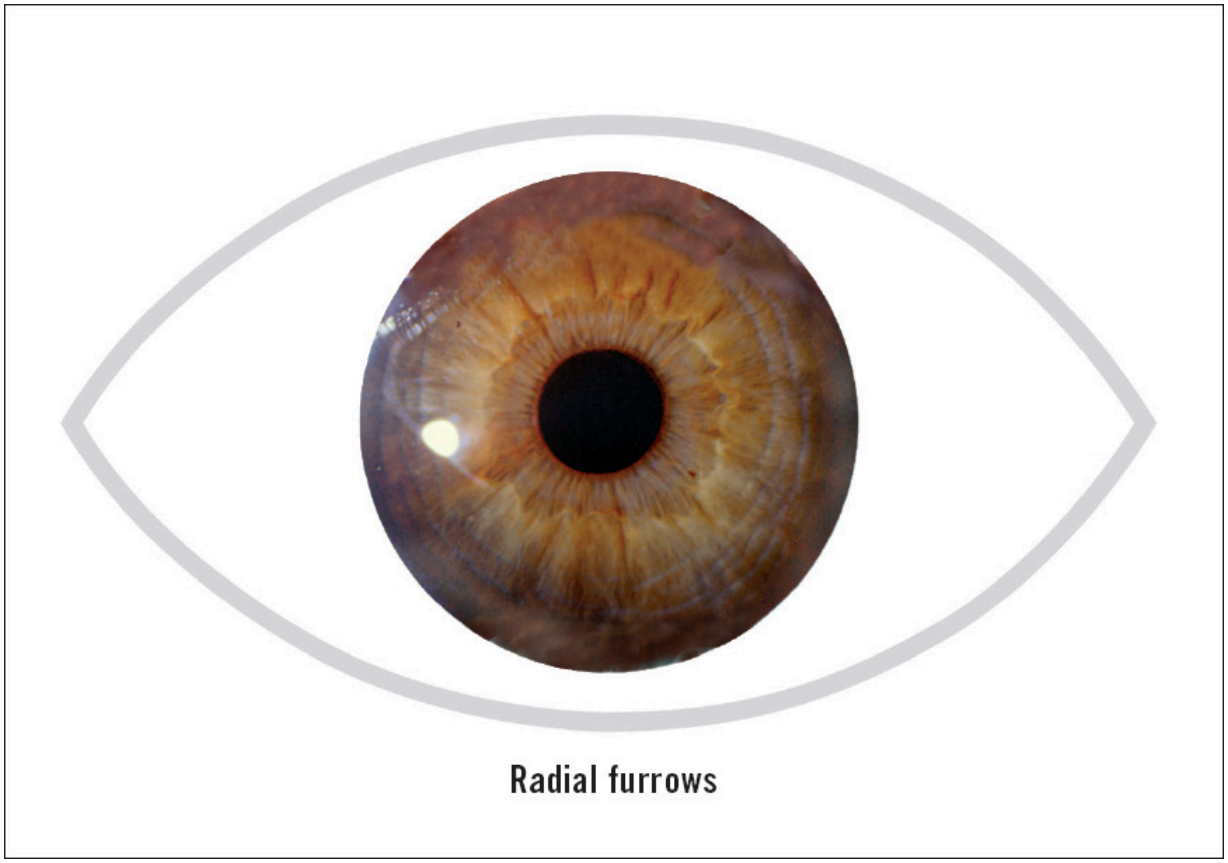


Skin ring

3. Skin Ring

This darkened ciliary margin is also known as the anemic ring, and it is a sign of metabolism disorders. This means that the organism is not taking advantage of the substances it takes in to stabilize its energy dynamics. Mostly, there is an iron deficit. As a consequence, children with this sign get tired quickly and have difficulty concentrating. They often complain of headaches, and as the fatigue increases, the immune system is weakened and the children catch colds more easily.

Foods that supply oxygen are recommended, like whole-grain cereals, oatmeal, apples, soy milk, and blueberries. Red beet juice and elderberry juice stabilize the iron balance in the body. Some culinary herbs with a high content of iron are common nettle and watercress.



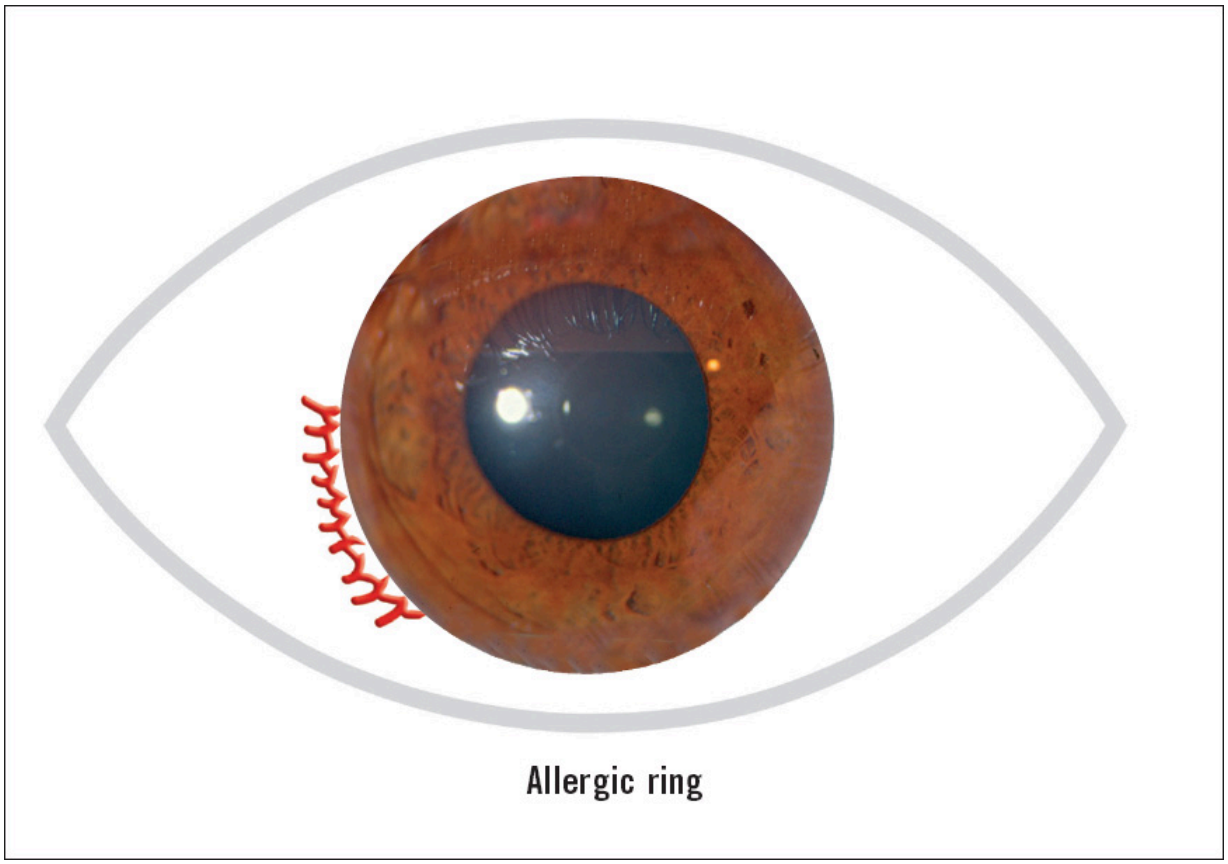
4. Radial Furrows

These furrows extend from the periphery to the iris ring and originate with a radial bending of the stroma in the iris. They are signs of exhaustion and possible nervous asthenia in the child.

Children with this sign cannot handle too much pressure from the environment. They frequently suffer from digestive problems that could be attributed to reduced enzymatic activity in the stomach, and they usually have low blood pressure, especially during infancy.

Because of this reduced enzymatic activity, foods that are hard to digest or that cause tympanites should be avoided. They should avoid eating late at night, so that the digestive system is not overloaded while they sleep. Some foods that are recommended for children with this sign are oats and honey,

which stabilize the nervous system. Culinary herbs that help in this case are cinnamon and melissa.

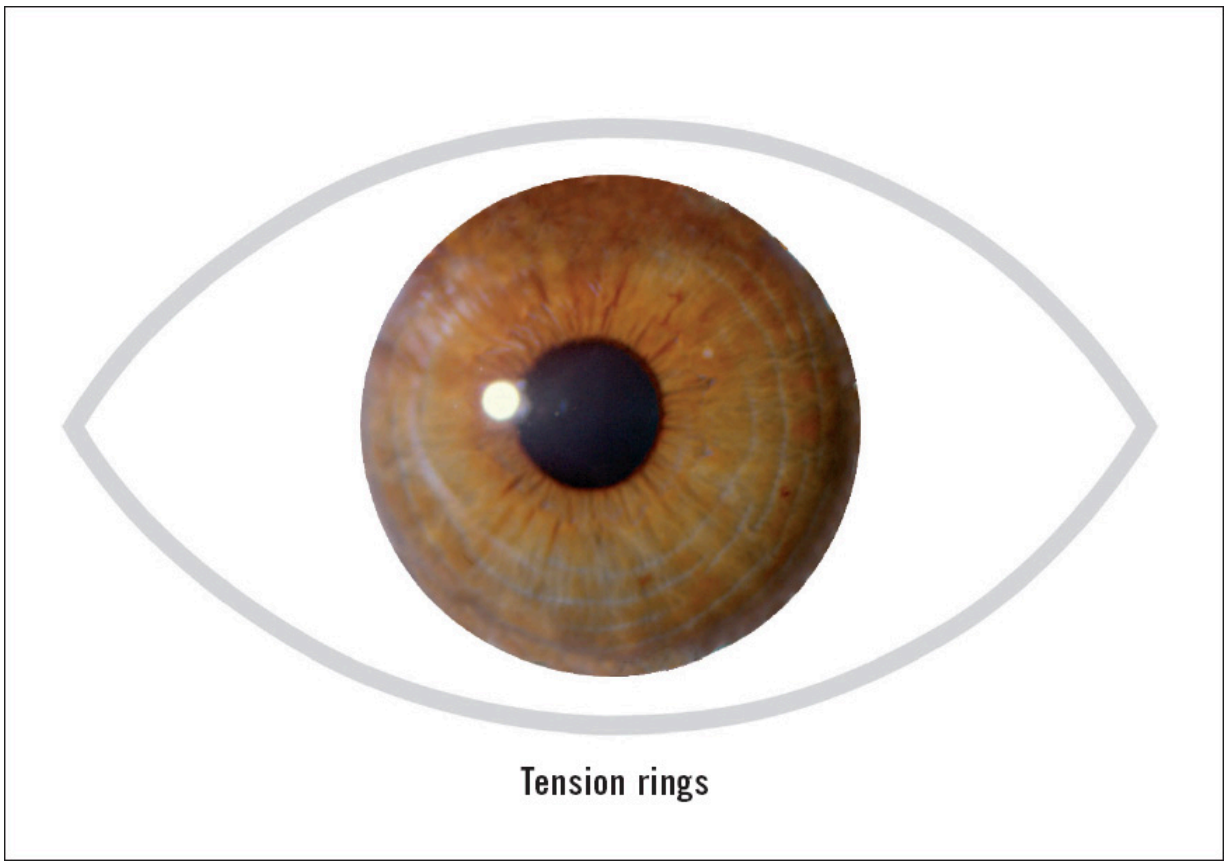


Allergic ring

5. Allergic Ring

This sign manifests through stasis in the blood vessels of the conjunctiva, which form a fine pink net very close to the margin of the iris. As the allergy progresses, blood vessels penetrate the ciliary zone of the iris (resulting in what's sometimes called a "crown of thorns"). If, at the same time, the child has a history of disorders in the respiratory organs or skin diseases, he or she should be assessed for allergies.

Children with this sign should reduce their consumption of meat (especially pork) and increase their consumption of polyunsaturated fat. Sweets should be avoided, as well as acids (like vinegar), which cause an imbalance of pH (see chapter 11). A large part of the dietary regime should include raw foods and vegetable juice. Balancing the pH is paramount, and in each case, it is important to find out which are the foods that aggravate the allergy.



Tension rings

6. Tension Rings

These lines can be observed frequently in the irises of adolescents. They are signs of mineral deficit and are a warning that the child could suffer spasms, especially in the digestive system. In the future they can be signs of cranial spasms, which become headaches. They can also be a warning that the child feels stressed. In this case, obviously, every effort should be made to reduce stressors in the child's life. Some culinary herbs that are effective against digestive spasms are chamomile (a great ally to children) and fennel. Foods that harmonize the nervous system are also helpful, like oats, bananas and almonds (due to their calcium content), potatoes (due to their magnesium content), honey (which has a stabilizing effect) and wheat germ (due to its vitamin E content).

ADULTHOOD AND OLD AGE

During adulthood, topics like longevity and senility start to concern us. We aspire to a longevity that corresponds to an optimal state of health, and not

one of physical or mental deterioration. For people who visit the iridologist with this concern in mind, a comprehensive interview is not enough for adequate guidance; a thorough observation of the iris is also needed.

According to some iridologists, the most important part of this analysis is the texture of the fibers in the stroma (weak, normal, lacunar, or vacuolar weave), or in other words, the classic constitutional model (see chapter 4).

The constitution in its modern version (hematogenic, lymphatic, or mixed) is also important, although some iridologists believe that it is not as relevant for the topic at hand. However, the presence of the arcus senilis (lipid arch) is key; if it is present, the younger the patient, the greater its meaning.

According to H. W. Schmidt, mental deterioration depends basically on the presence of intoxication signs, the skin ring, and the sign of the connective tissue.

According to V. Hauser, who agrees with German iridologist Josef Karl, the mesenchymal, intestinal, and cerebral syndromes are what are really important, and they are related to the signs of the connective tissue, the crown, and the presence of pigments in the cephalic area.

According to J. Broy, the sign of the crown is key. It must be circular and closed, and its size should be proportionate to the size of the pupil.

Joseph Angerer said that the observation of sediments of the conjunctiva was even more important than observing the signs of the iris.

Whatever the case, in the everyday reality of iridological consultations, there are people with irises full of signs who, in spite of it all, live long and healthy lives, while others with fewer signs display a marked deterioration of their health. In addition to the criteria already listed and other criteria that have been left out, what seems to be important is that the person lives by observing the world, instead of just watching it. In other words, the person does not hold on to ideologies that are in fashion but might stop him or her from making the correct choices at the right time.

Below you will find a synthesis of the factors that come into play when we assess what is needed in order to grow old with dignity.

LONGEVITY CRITERIA

- Genetic disposition
- Moderate diet
- Regular vitality
- Avoiding trauma and stress
- Knowing how to escape/detatch
- Movement

FACTORS THAT PROMOTE AGING

- Being overweight
- Tobacco use
- Drug use (including unnecessary medications)
- Alcohol use

PATHOLOGIES THAT PROMOTE AGING

- Diabetes
- Arteriosclerosis
- Thyroid hypofunction

13

Iridology Consultations and the "Importance of Everything"

There are no sick people with good digestion, nor healthy people with bad digestion.

LOUIS KUHNE

A MATTER OF ROLES

We will finish this book where others begin: with the digestive system. But first, it would be good to offer a series of clarifications about the iridology consultation, the role of the therapist, and the role of the client. This is what we call “the importance of everything.”

An iridology consultation is not defined solely by the attentive observation of the iris; the iridologist needs to know the person thoroughly: cultural traits, family, line of work, relationship with medicine (frequency of use and intake of medication, and surgery), relationship with the self, and above all, the perception the client has about his or her own reality at the moment of the consultation. Regarding this last point, at times the person may use very descriptive expressions, like “I cannot go to work because the people I serve make me anxious, and I have had to tell them to step away from the counter because they are smothering me” or “I don’t see a way out,” or they mention situations related to invasion of their personal space, extreme burdens, et cetera.

As G. Groddeck proclaimed, the role of the therapist is not the same as that of a doctor or a health care provider, because the therapist does not impose treatments but offers patients therapies that could help them get out of the rut they are in. This attitude of service forces the therapist to adapt his or her impressions and recommendations to the needs of the client. This role is significantly different from the interventionism of the medical treatments we all know.

The role of the client is that of an active person in search of solutions to intervene in their own life and modify or change attitudes, behaviors, and practices that do not allow them to feel good. This is not a passive individual.

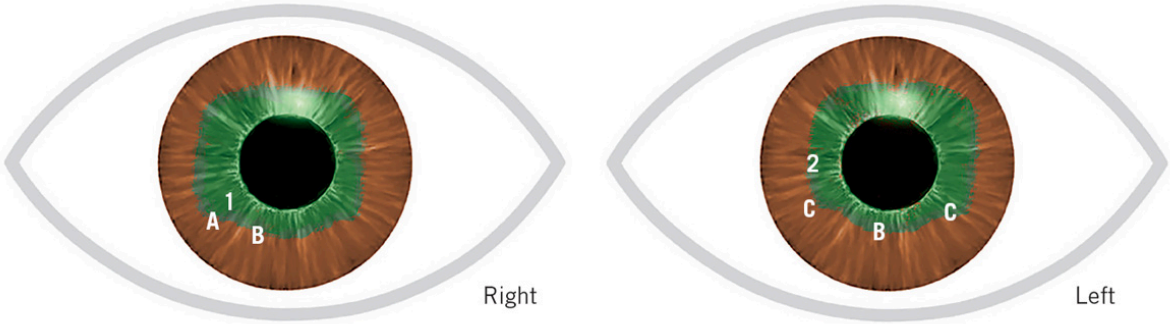
THE DIGESTIVE SYSTEM

One aspect of the client’s life that the therapist frequently explores is diet. On this front, the iris offers interesting information, found on the reflexive area of the pupillary zone. This circle surrounding the pupil (central zone) reflects digestive functions.

We can find wide, narrow, regular, or irregular pupillary zones with uniform or frayed stroma with spots, organic markings, et cetera. As Louis Kuhne said, if digestion causes discomfort, we will not feel well, not only in our abdomen, but also in our state of mind, because when our dietary behavior is transformed into a weapon against our health, something is not right in our psyche.

Outdated iridology models are not useful for interpreting this zone. Experience has demonstrated them to be ineffective—and we are talking about the collarette, which used to be associated with the reflection of the autonomous nervous system, or with the reflection of the vertebral column, a completely implausible matter, described by Jausas). The only model that has been confirmed as valid is the one of the pupillary zone as a digestive reflex.

To begin, the pupillary zone must be proportionate to the rest of the surface of the stroma. Sometimes the collarette is absent, but in most irises it is prominent. Sometimes it loses its circularity, or is only partially visible; at other times it adopts a general color different from the rest of the iris (central heterochromia). In the pure lymphatic constitution it adopts a soft grayish tone, and in cases of intoxication from drugs, the center usually adopts the diverse colors (see chapter 8). The limits of the pupillary zone, marked by the collarette, are a symbol of the intestinal morphology of the colon and the small intestine, and in the ventral zone, we find reflexes of the pancreas and appendix functions.



Appendix (A), pancreas (B), and duodenum (C),
with the location of the pylorus (1 and 2)

Detail of the pupillary zone

In cases of rheumatic pathologies or osteoporosis, very interesting signs can be observed in this zone of the iris. In the undulations of the collarette we can observe the predisposition to have diverticula, the zones of chronic intestinal spasm, and signs of Roemheld syndrome. Radial furrows can establish relationships between the digestive system and the rest of the organism that are inconceivable to medicine. Some of the most frequent relationships are the transverse colon with the head, the small intestine with the legs, and the bowel with the sign of general exhaustion (radii solaris). The important nutritional rings described by J. Angerer indicate poor intestinal function: difficulty assimilating proteins, gastritis, fermentative dyspepsia, difficulty assimilating complex carbohydrates (which favors rheumatism), low production of bile acids . . . Many times people who consult a therapist do so because they are experiencing symptoms in their digestive apparatus (epigastric pain, bloated abdomen, heavy digestion, burps, nausea, etc.) but know that digestive symptoms do not necessarily mean that the digestive system is the cause of the problem (in agreement with Magdalene Madaus, mentioned in chapter 3). Even today, people who have been diagnosed with a hiatal hernia by a doctor will frequently visit an iridologist without having symptoms of this hernia. The following are cases to help readers visualize such situations.

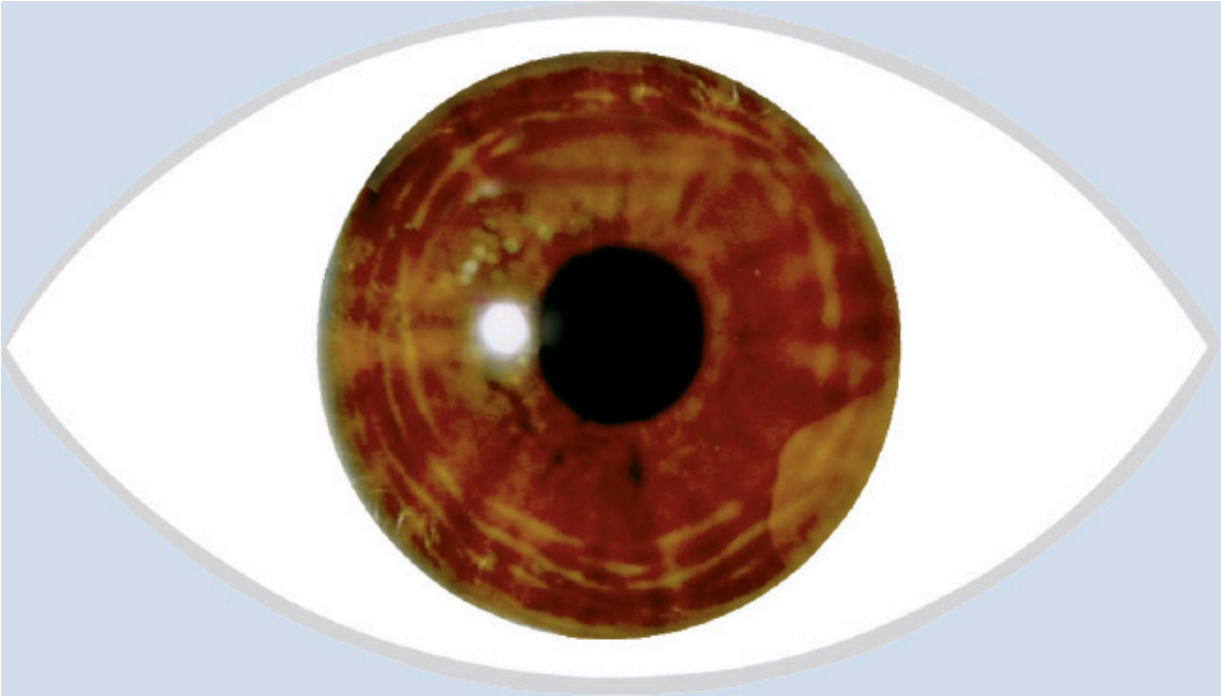
The Cases

CASE 1

Female, thirty-two years old, with diarrhea, heartburn, pain, nausea, and vomiting. She had suffered something similar before and was treated with homeopathy with no results; one of the remedies was sulfur. She noticed that it affected her abdomen, and her premenstrual discomfort improved. Has a lot of anxiety and fear; does not dream too much. Two to three bowel movements per day, foul smelling. The doctor prescribed an antacid that did not work. She is very tired. Frequent cancer history in the family; regarding this, she says several polyps were found in her colon when she was twenty-one. Conventional diet, with fructose; craves chocolate.

After observing her iris and taking into consideration what she said, our recommendations were fairly simple: Eliminate fructose from the diet, incorporate lactic acid in the mornings, and take a flower remedy regularly. After two weeks

she experiences symptoms of the common cold that she says are similar to the ones she had during infancy, her stomach is fine, and she starts thinking about her past, her family, as if the cold took her back to that time of her life to encourage her to make peace with family members who are already gone and who, at the time, did not receive her attention. The sequence tells us that, behind the digestive symptoms, there was an unsolved conflict that is now starting to be solved (herein lies the importance of what we said earlier about a certain perception of reality and the role of therapist and client).

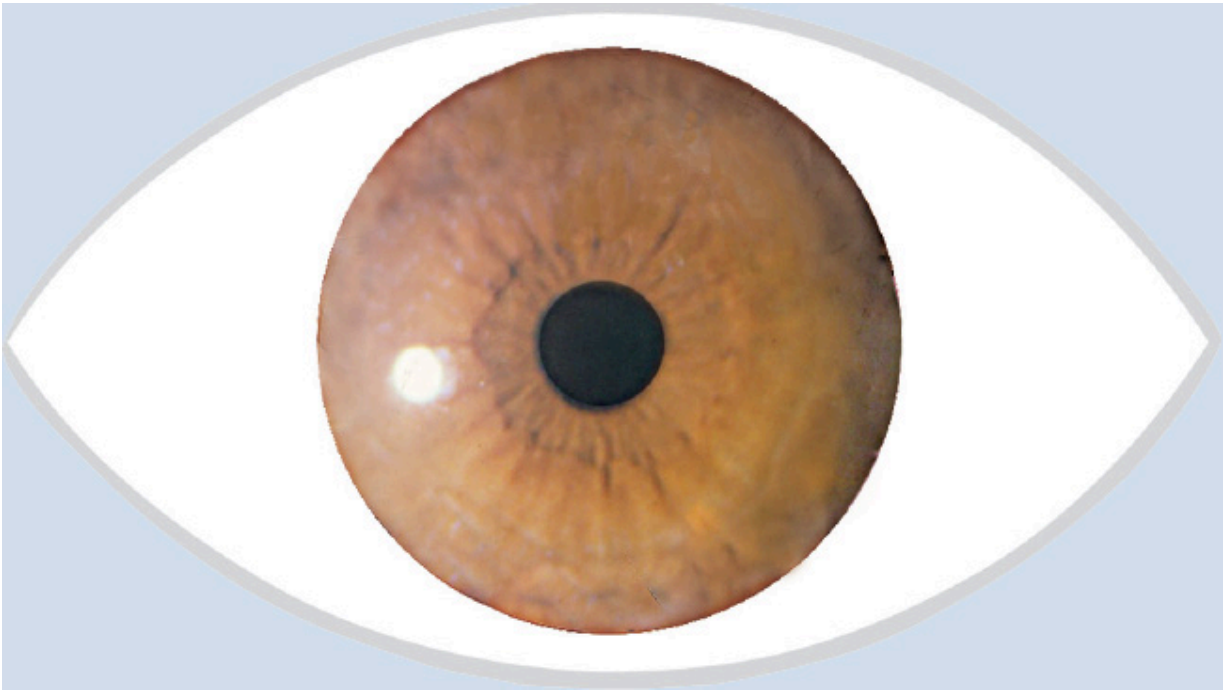


CASE 2

Male, forty-five years old, A blood type. Athletic complexion. Complains about pain in the stomach that is becoming more persistent. Its onset coincided with the death of his father. Has been diagnosed with a hiatal hernia and was told that the valves of his stomach do not close properly. The doctor says that, as a consequence, he also suffers from chronic pharyngitis. He feels constant pain under the xiphoid appendage. He avoids citric foods and bread with tomato in his diet. Has been a constant consumer of sodium bicarbonate; now takes omeprazole. His diet is mainly boiled vegetables, with the exception of sweet ham at breakfast and fish. He says that he suffers from chronic sinusitis but has no problems with his tonsils. Possible history of tuberculosis from the mother. A thorough observation of his iris shows a horizontal nystagmus (involuntary movement of the eye) in the left eye, so we ask if he has seen a doctor for this. The general perception at the end of the interview is that in the past few years, and also in his work, he has been exposed to depressing daily situations. The recommendation is a flower remedy, application of suction cups in the corresponding metamere (anatomical part of the body related to the spinal nerve), and oligotherapy every two days.

He is advised not to become obsessed with boiled vegetables because they are not the solution to his constant ailments.

CASE 3



Male, forty-six years old, diagnosed with allergies to Gramineae (grasses) all year long, and suffering from nasal congestion that keeps him from breathing normally, and for which imminent surgical intervention has been recommended. There is no family history of allergies. He does not like milk because it gives him diarrhea. He eats mild cheeses and loves salt, which he consumes often. He feels a painful spot over the xiphoid appendage of the sternum. The constant allergy crisis is manifested as tearing in the eyes and liquid mucus similar to water. The doctor connected these allergy symptoms to a possible hiatal hernia that still has not been identified. The left nasal passage is blocked most of the time. The gluteal zone is cold. Received intervention for a polyp in the vocal chords. His diet is based on refined products (sandwiches and restaurant menus), and at dinner he usually eats only fruit. He loves bread. This information related to the iris leads to the recommendation of sitz baths with salt and vinegar, medicinal plants, and tissue salts (cell salts).

CASE 4

Male, forty-nine years old. Pyknic physique (rounded body with a tendency toward obesity). History of renal colic. Is currently suffering from one, recently diagnosed by a doctor. Ex-smoker (one pack a day for twenty years). Eats large amounts of food, with no restrictions; loves salty foods, cured cheeses, milk, and yogurt. Drinks little water. Says that at the moment he has hematuria (blood in the urine), which is relieved by warm baths. Arterial hypertension. Currently takes spasmolytics and analgesics.

The pyknic body type coincides with these dietary behaviors, and all the behavioral and iridological data let us complement the medical treatment with logic and coherence. Phytotherapy is recommended in conjunction with tissue salts,

hydrotherapy, and oligotherapy, as well as advice to modify his current dietary conduct, which currently features little vegetable fiber and excessive alcohol, coffee, and refined foods.

The Pupillary Zone and Nutrition

- The diet is responsible for a high percentage of the causes of disease.
- Any therapy will fail if the diet is not placed on center stage.
- Some foods are nutritional and healthy, but other foods are detrimental to health.
- It is important to consider the healing value of food.
- We must know what the person needs to eat to be healthy.
- People do not want to accept that overeating is detrimental to health.

DIGESTIVE SIGNS IN THE PUPILLARY ZONE

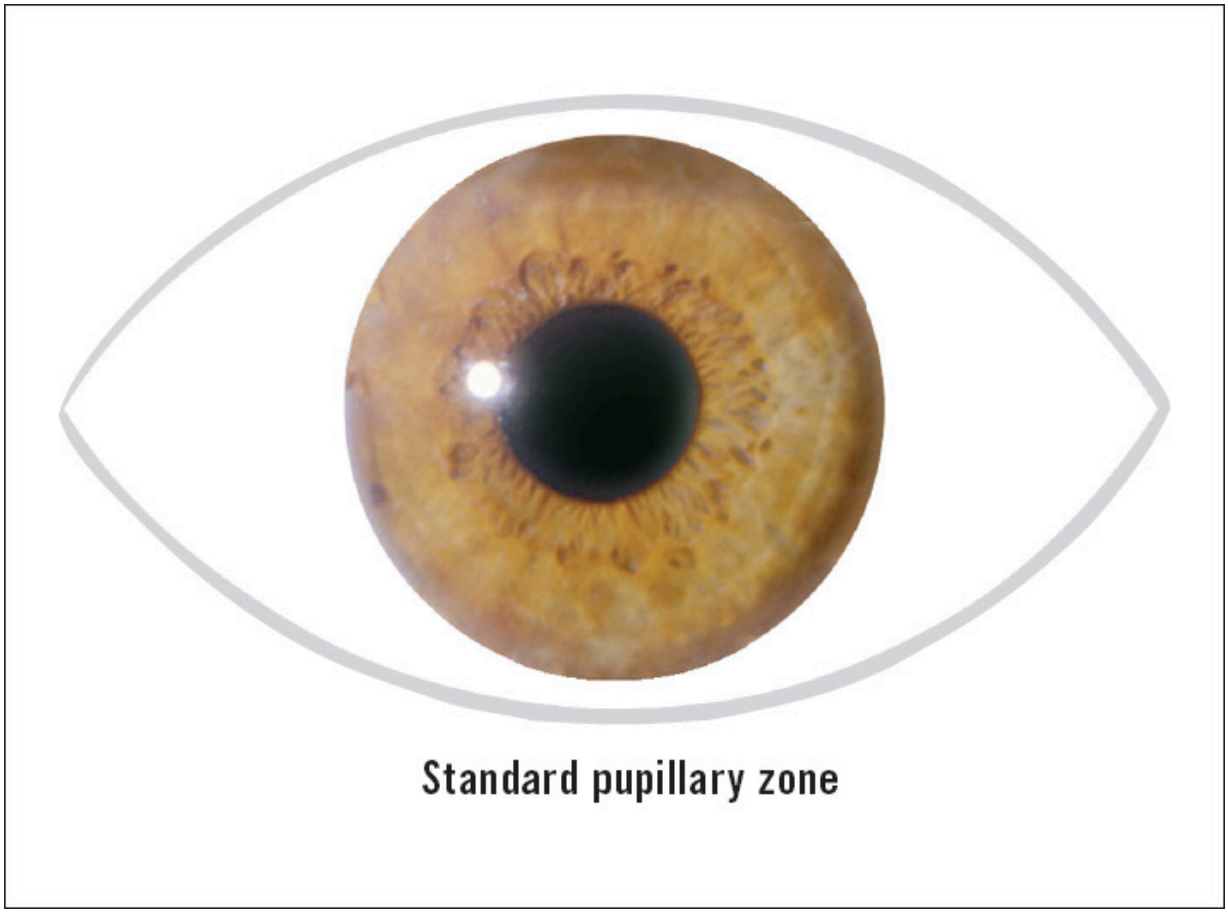
A SELECTION OF IMAGES

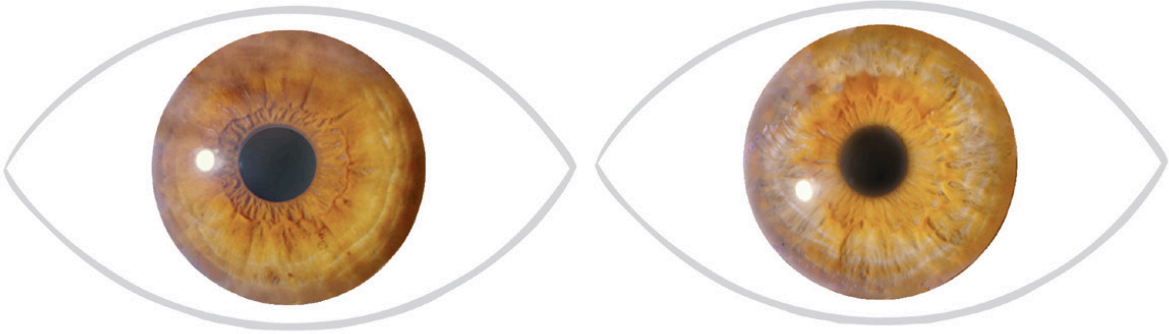
In their daily work, iridologists have countless consultations related to digestive complaints, and the iris speaks to us eloquently about the root of the problem. To finish this book, we will quote the great G. Groddeck, a naturopath and psychologist who collaborated with Ernst Schweninger and Sigmund Freud.

> Isn't it strange that not one of the many ophthalmological textbooks takes any notice of the fact that man can devour something with his eyes (mit den Augen verschlingen), that he can murder with his eyes, that he can jemanden mil den Augen durchbohren (pierce somebody with the eyes), messen (measure), liebaugeln (give somebody the glad eye) or angeln (fish) with his eyes; that the eye can be thrown like a stone (die Augen auj etwas werfen); that it can menace (drohen) or frighten (Furcht erregen). Yet the eye can not only be used for a thousand other purposes than sight alone, it is also something very independent, something that has a separate existence, as language proves. Man can be all eye (ganz Auge); eyes

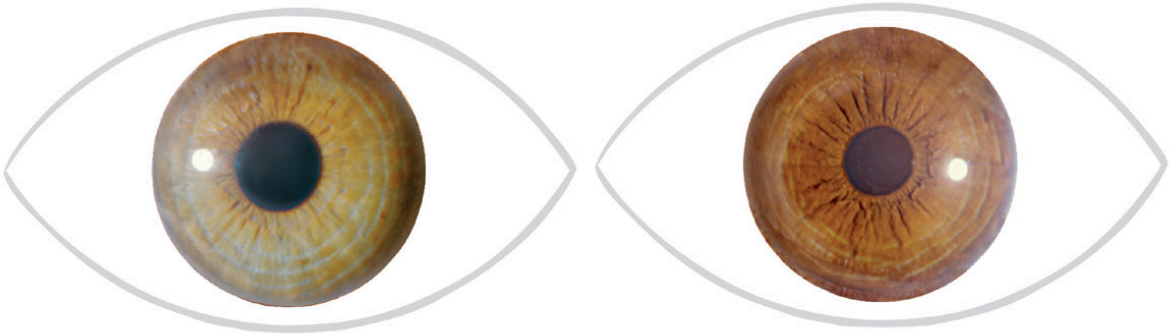
can flash, sparkle, laugh, be drunk; they can gaze, punish; they are like animals in the grazing-ground; they can be sleepy or meditative, dry or wet; they have a soulful expression or not, they are seeing or blind, physical or spiritual; one sees with one's own or with other people's eyes; it could be said of our age of spectacles that it prefers to see with strange eyes, because the person who wears glasses does not use his own vision but a corrected one. It follows from all this that the functional range of the eye is much wider than the range with which our scientific study of the eye concerns itself.[*42]

This is where iridology is located.





Unequal pupillary zones (Roemheld syndrome)



Narrow pupillary zone*

Pigmented pupillary zone (toxemia)

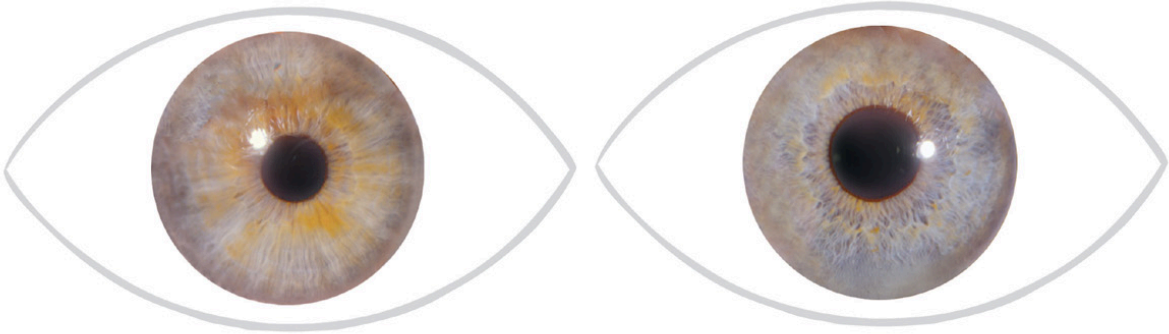
Central heterochromia

Sectoral teterochromia

Very narrow pupillary zone due to insufficient peristalsis

Wide pupillary zone

Very narrow pupillary zone due to intestinal parasites



Nutritional rings

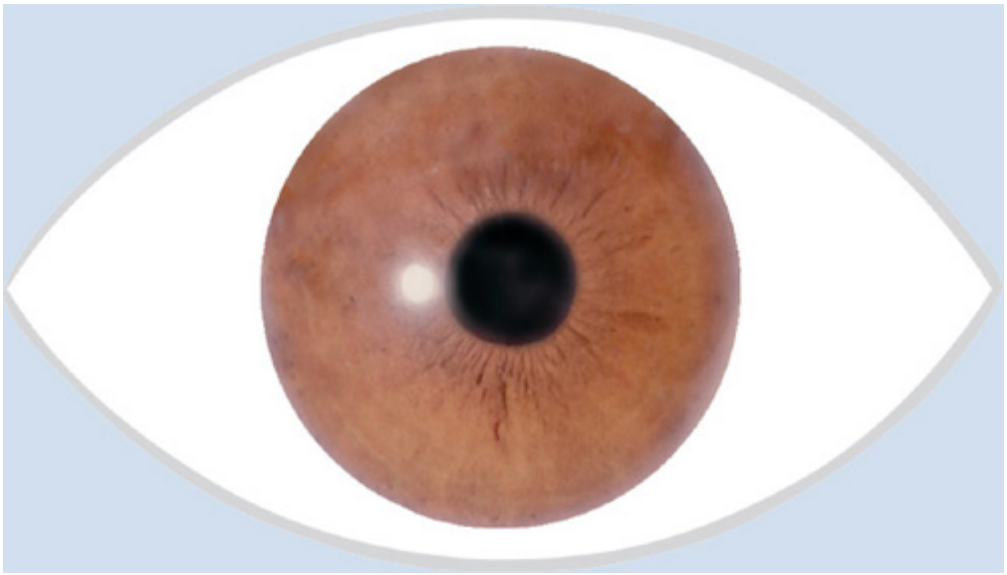
APPENDIX 1

Sample Iridographies

Not all that the eye sees is seen by its owner, and vice versa.

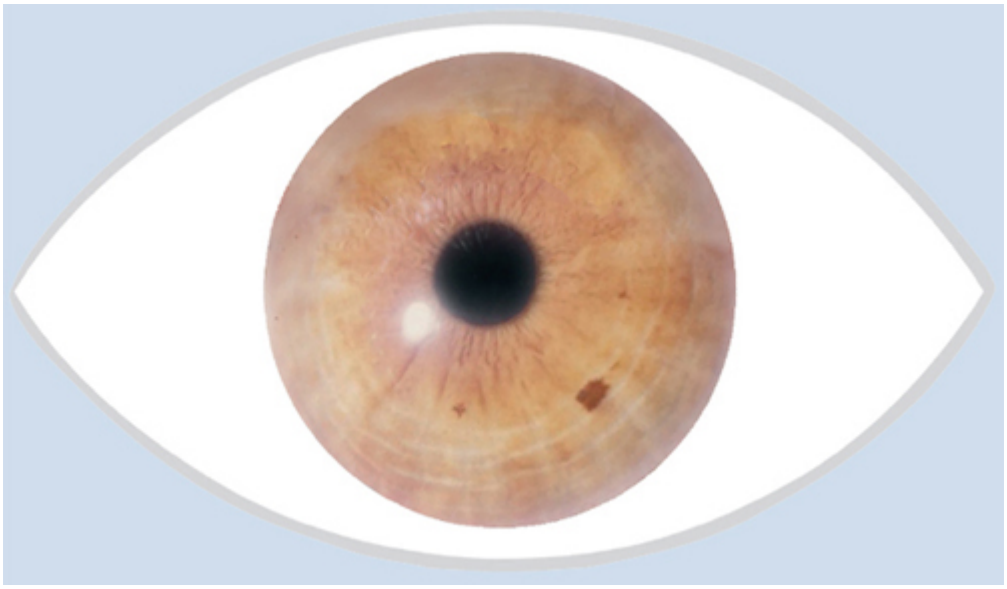
Iridographies Speak to Us

- Predisposition to suffer from sinusitis and tonsillitis, with a tendency to have an altered mood
- Migraines

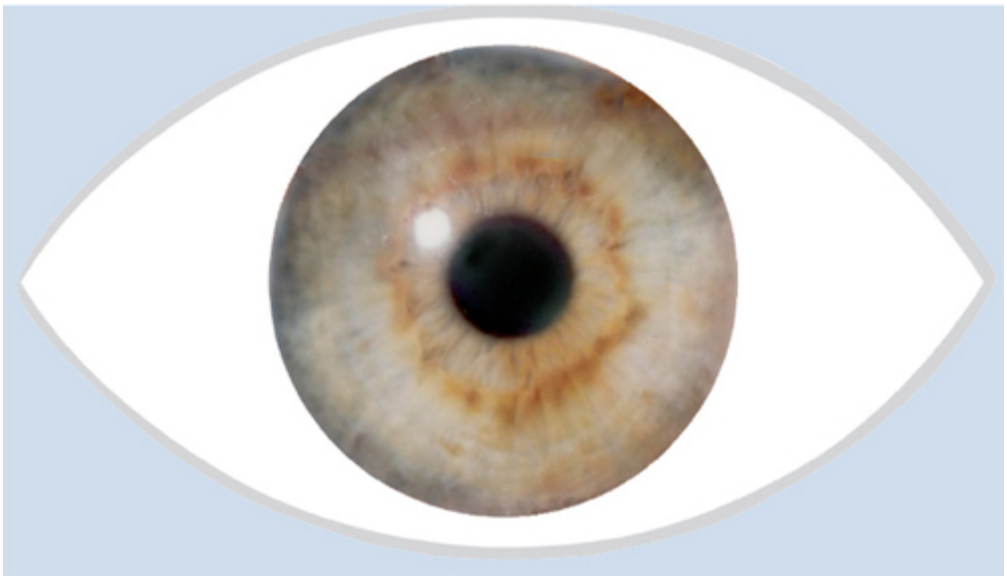


- Predisposition to suffer from constipation, with a tendency to be tired

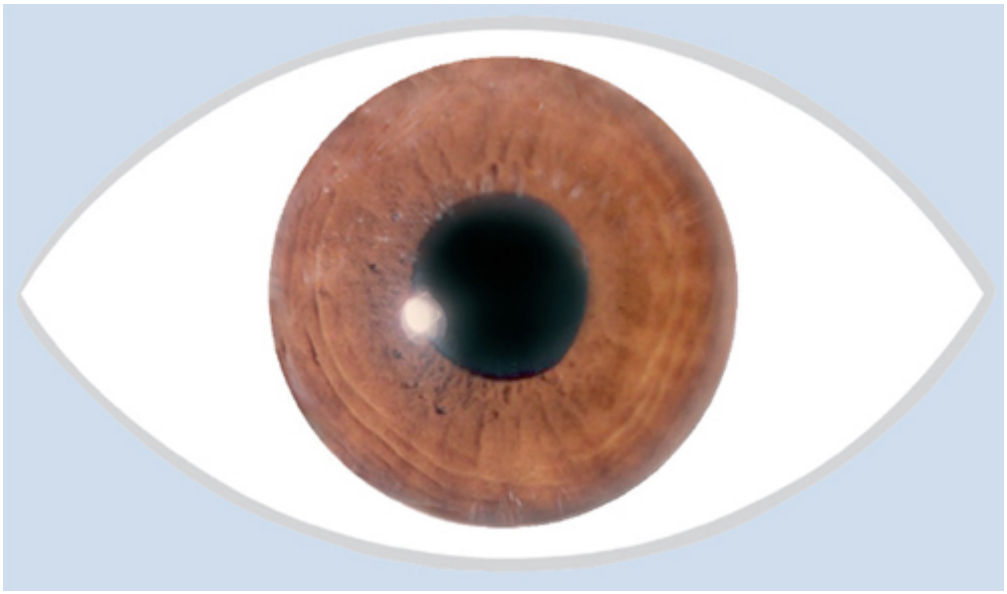
- Burning sensation in the esophagus



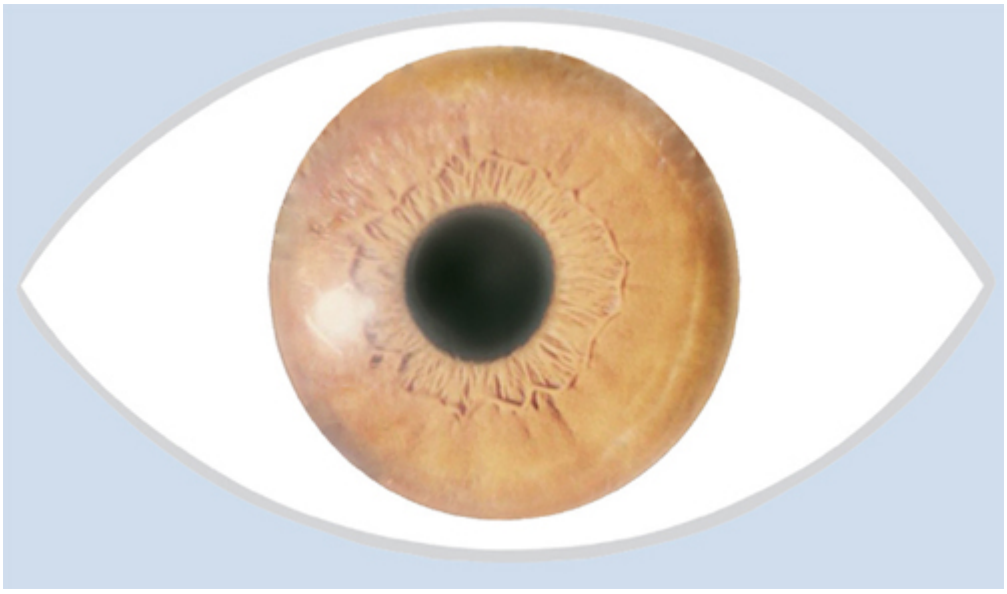
- Tendency to feel joint pain
- Uncontrollable hunger



- Intoxication with drugs

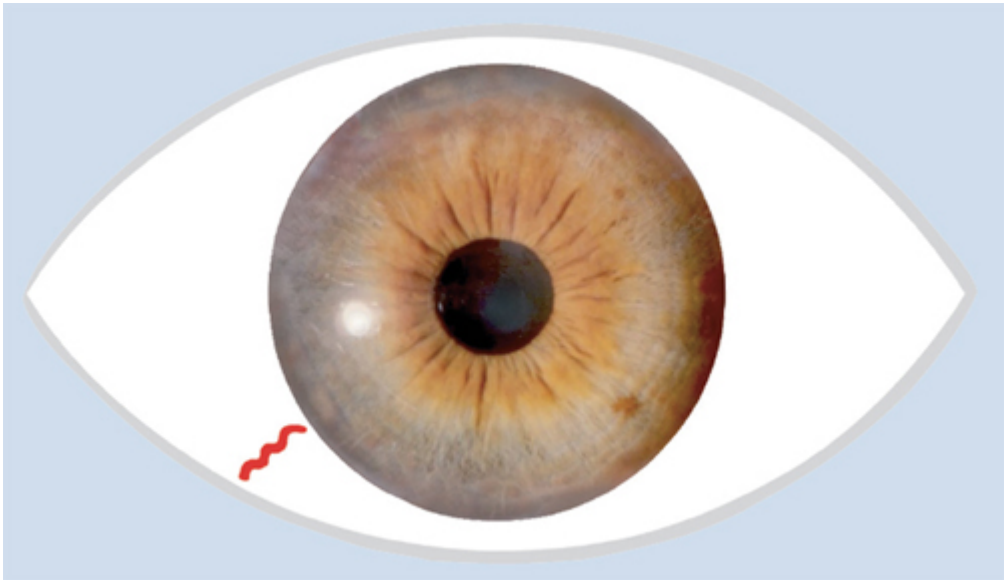


- Bronchial weakness
- Tendency to develop asthma
- Very dependent on diet
- Predisposition to suffer from dysmenorrhea

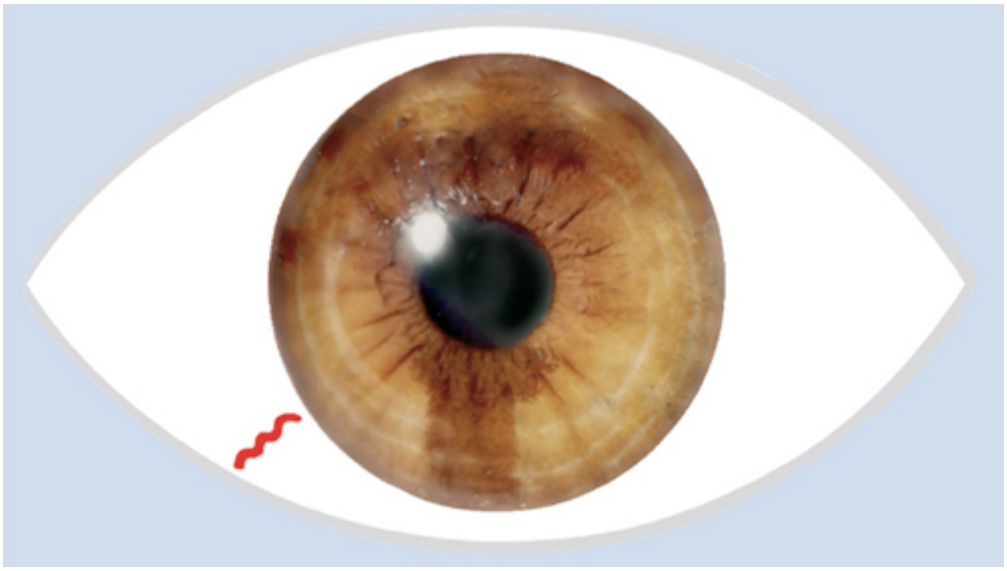


- Allergies
- Palpitations
- Bloated abdomen

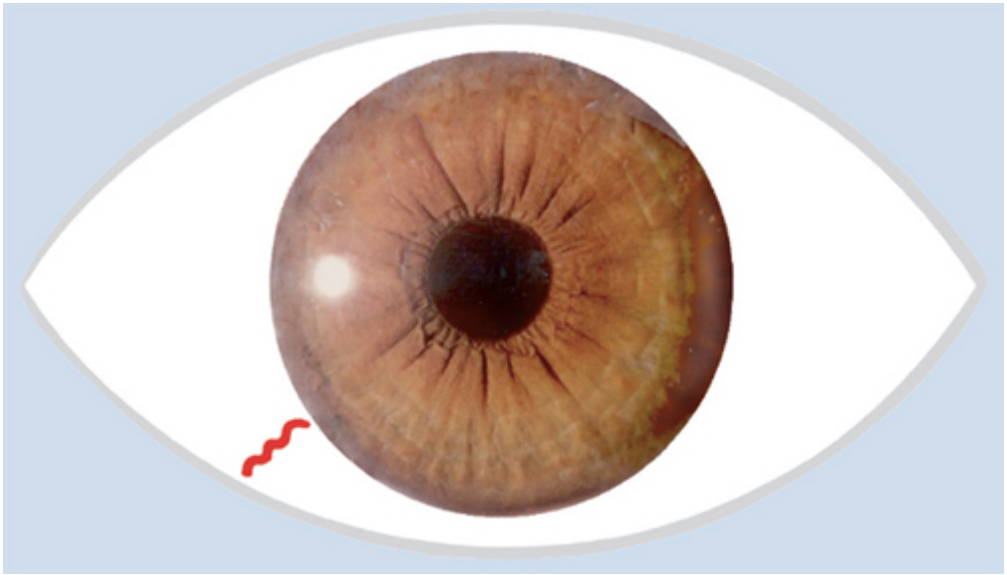
- Predisposition to suffer from constipation
- Must limit additives in the diet



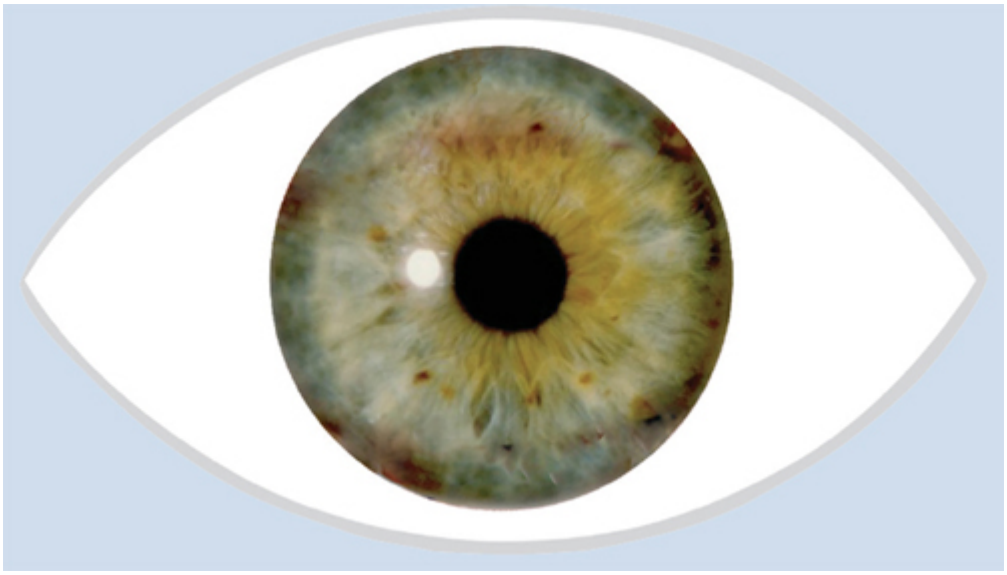
- Asthenia and fatigue of constitutional origin
- Tendency to suffer from hemorrhoids



- Asthenia and fatigue of constitutional origin
- Tendency to suffer from hemorrhoids
- Tendency to suffer from migraines related to the intake of certain foods

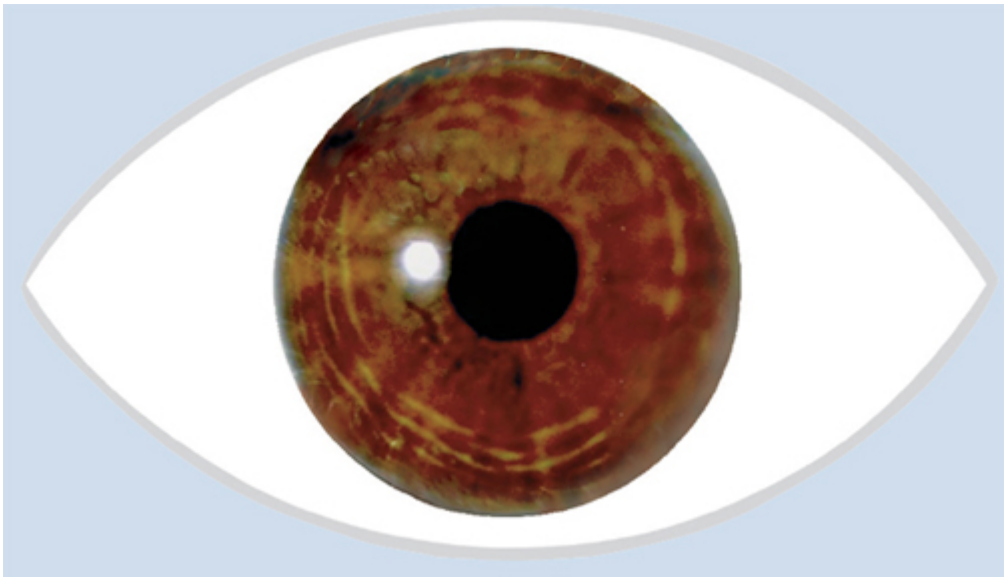


- Asthenia and fatigue of constitutional origin
- Tendency to suffer from hemorrhoids

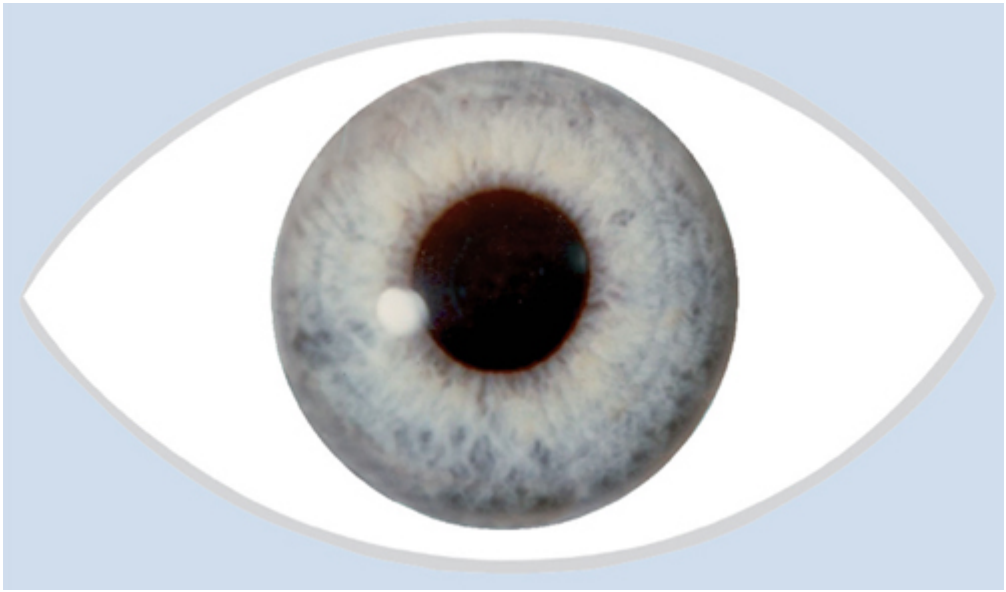


- Intoxication

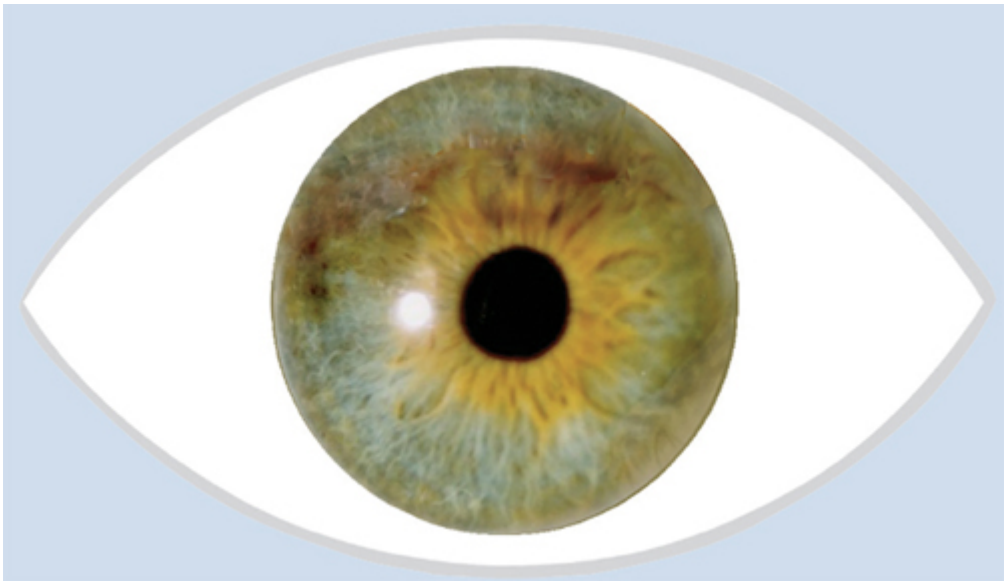
- Predisposition to have pain in any part of the body
- Sun and steam baths can provide relief



- Tendency to consume excessive sugar and chocolate
- Predisposition to have anemia



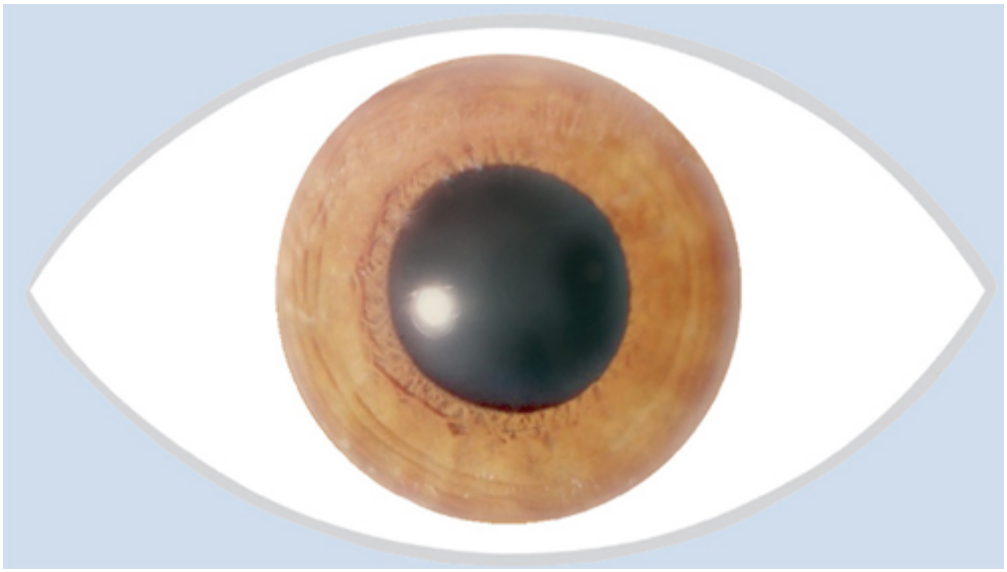
- Predisposition to suffer from gastritis
- Predisposition to suffer disease in the mucosae in general (especially in the ears, nose, and throat)



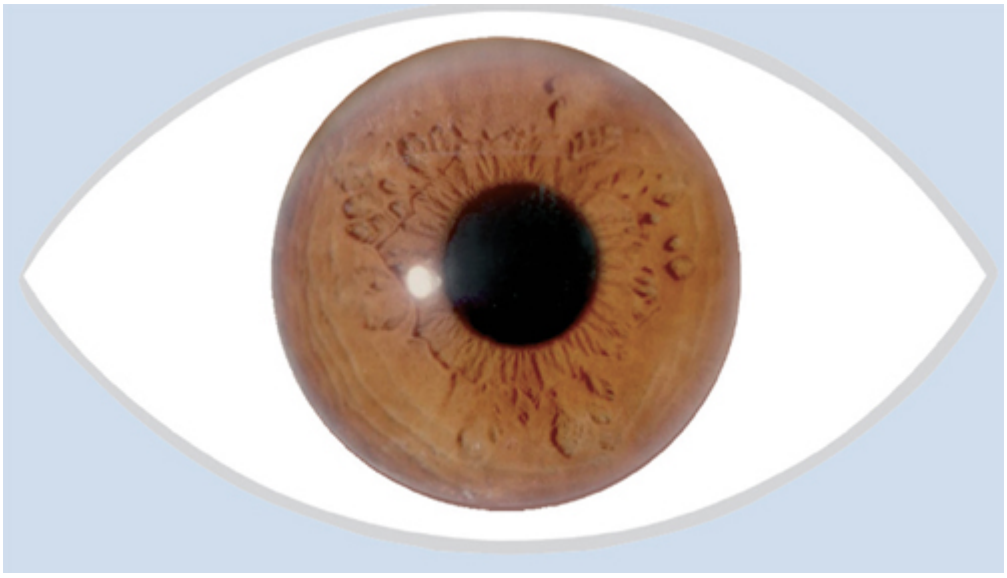
- Central heterochromia
- Difficulty digesting complex carbohydrates

- Neurasthenia
- Nervous fatigue
- Tendency to become obsessed with disease

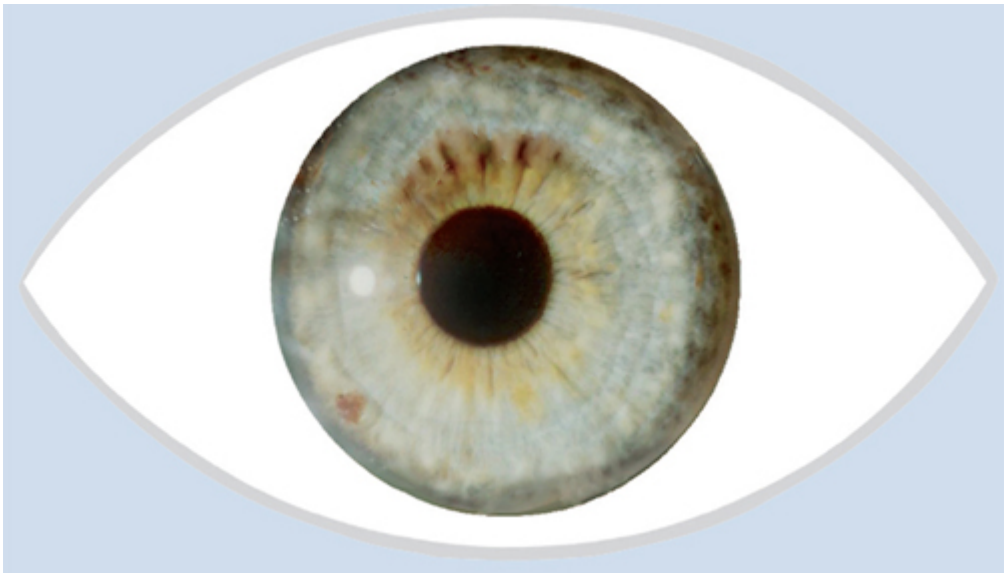
- Bloated abdomen
- Headaches or migraines



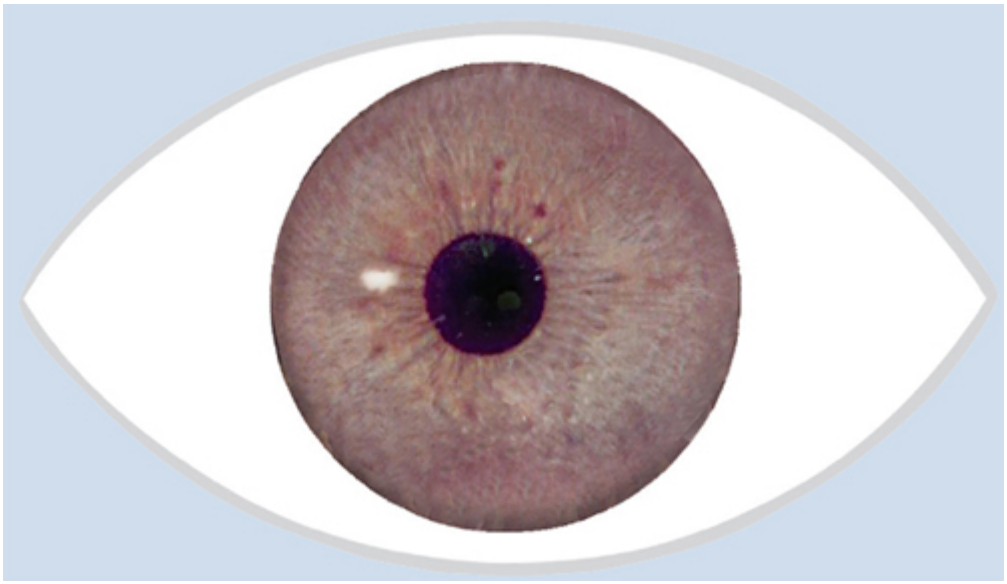
- Painful menstruation
- Possible intoxication from drugs or medications; assessment is recommended
- Difficulty digesting greasy food



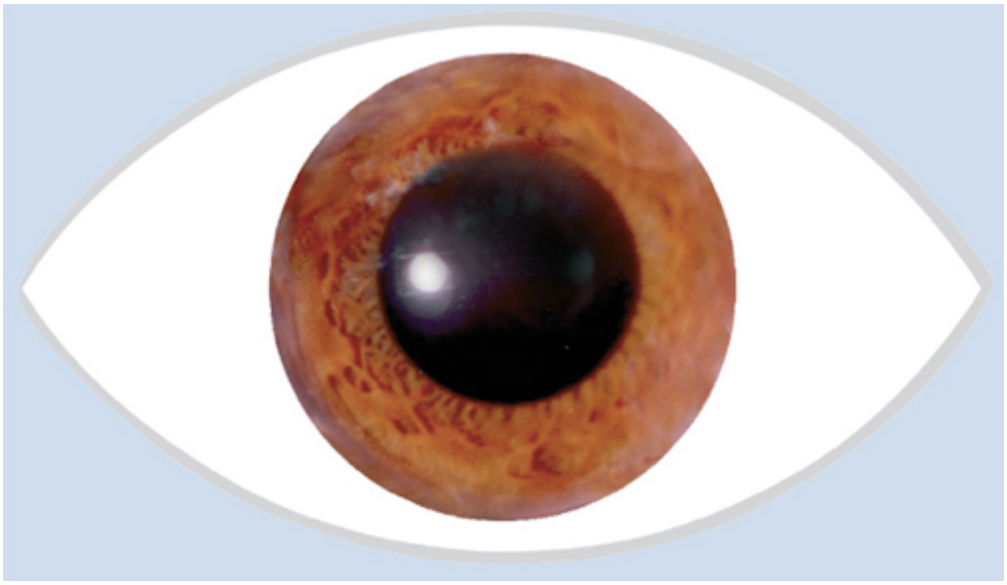
- Periodic symptomatology
- Bloated abdomen
- Dysmenorrhea



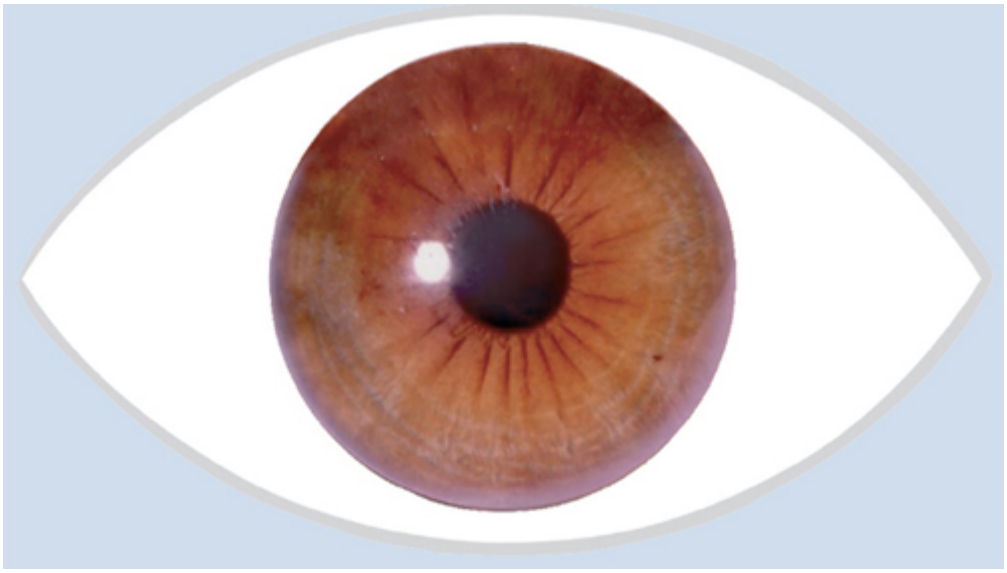
- Tendency to suffer from allergies and eczema



- Tendency to suffer from chronic gastritis
- Lack of symptomatology

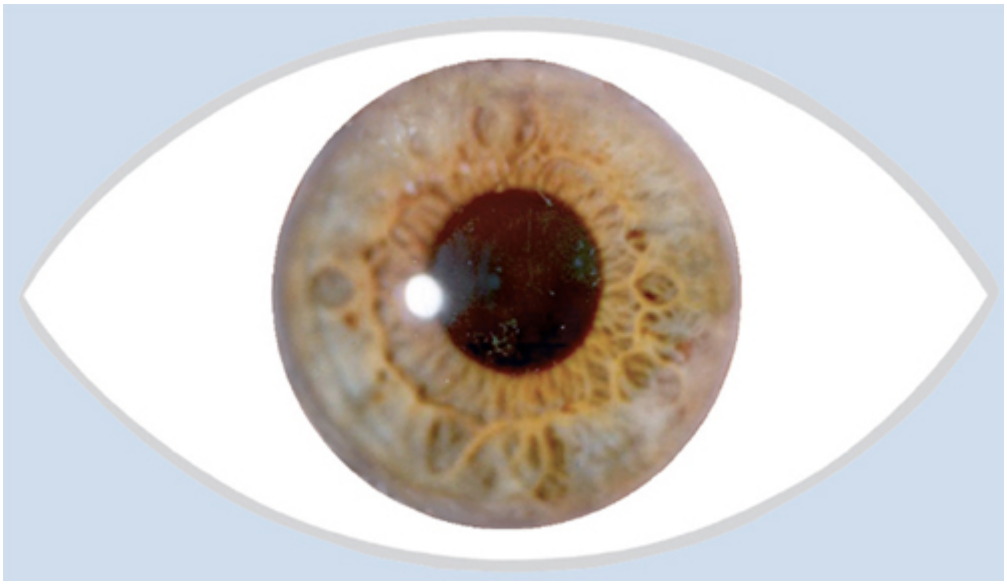


- Tendency to suffer chronic states of fear
- Possible presence of intestinal parasites; assessment is recommended

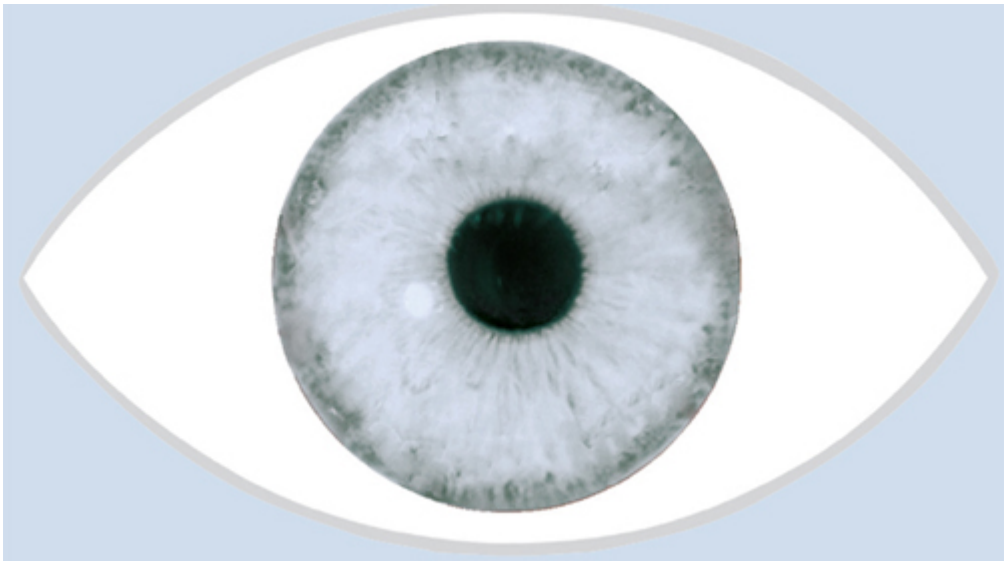


- Tendency to feel chronic tiredness and erratic pains, compatible with states of chronic fatigue syndrome

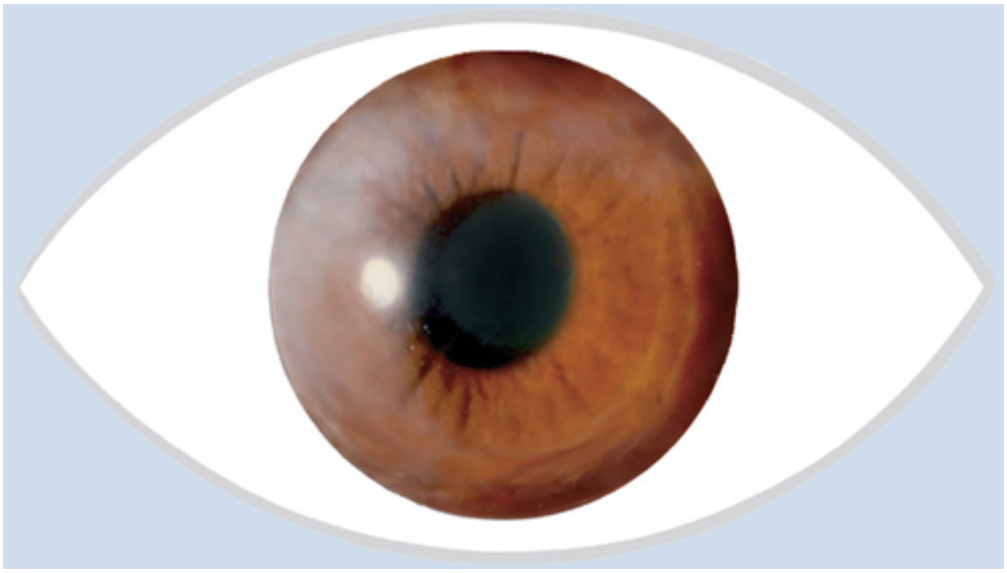
- Sensitivity to diet incompatibilities
- Tendency to suffer from migraines



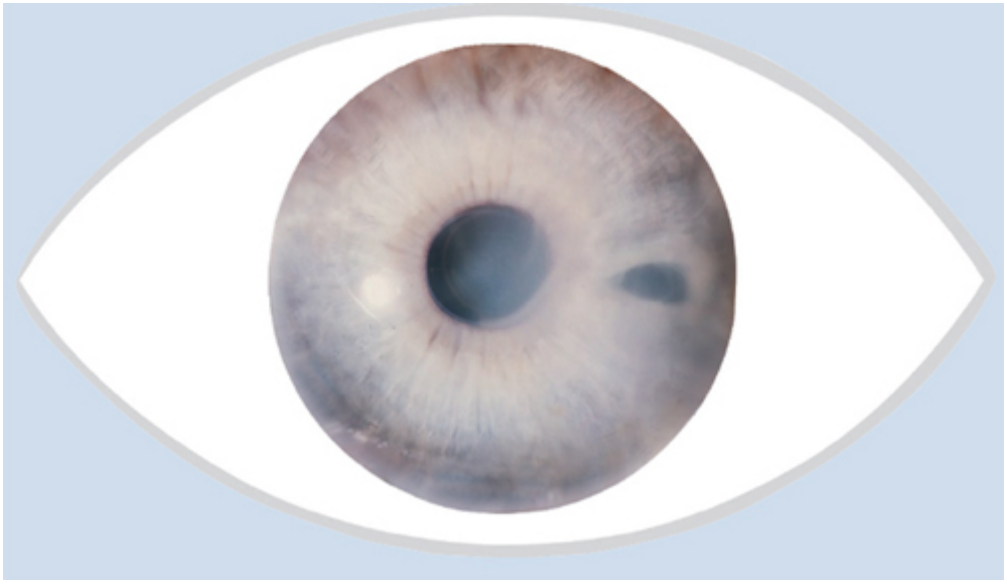
- Central heterochromia
- Vulnerability in the diaphragm muscles and quadriceps femoris



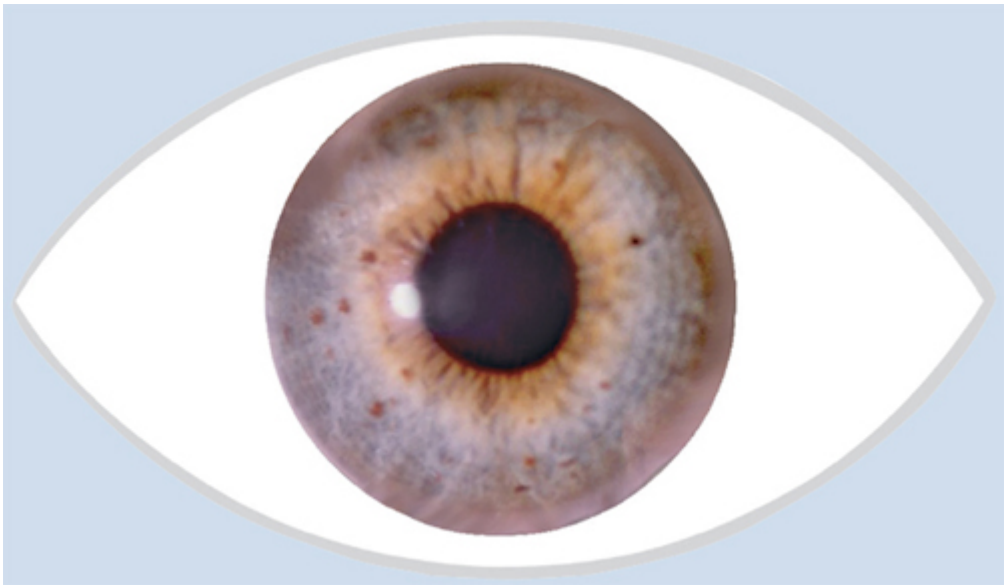
- Predisposition to suffer from gout



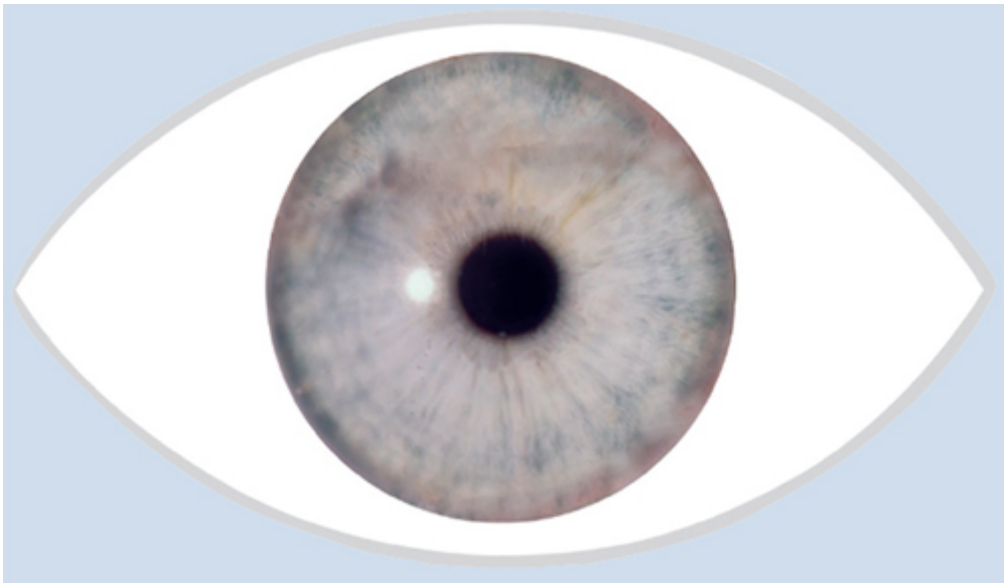
- Tendency to suffer from vascular sclerosis



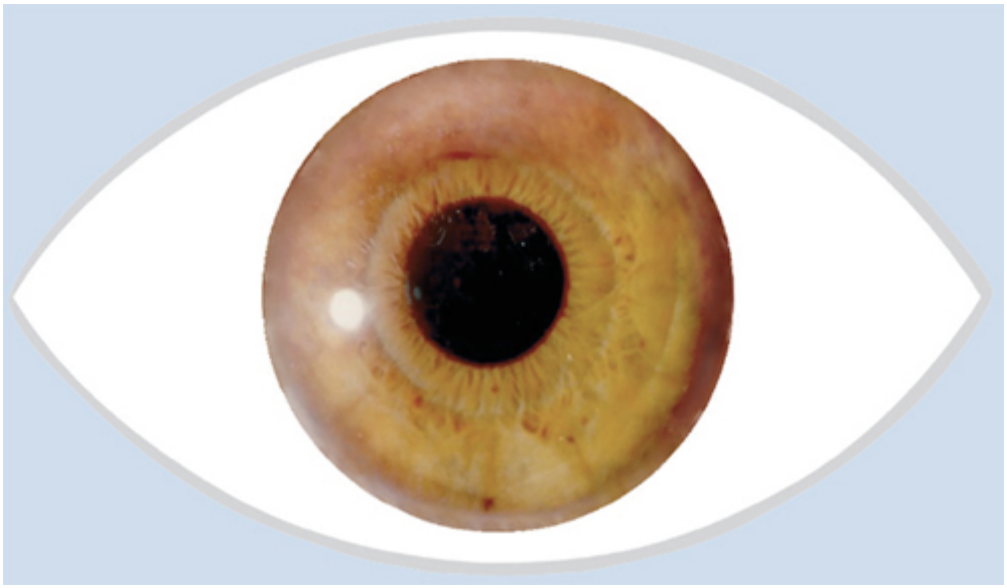
- Traumatic cataracts



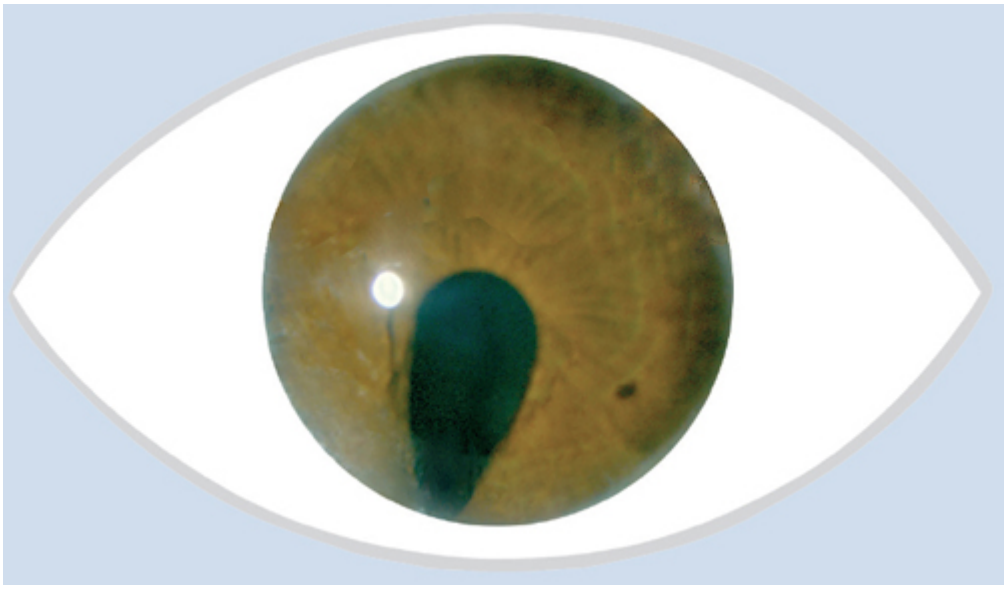
- Signs of intoxication
- Tendency to suffer from chronic inflammations of the lymphatic system



- Tendency to eat good food
- Needs constant physical activity



- Tendency to suffer from asthmatic episodes
- Difficulty digesting fats and carbohydrates



- Syphilitic miasm
- Intestinal disturbance

APPENDIX 2

Laboratory Tests That Inform Iridology

He who cures is right.

HERZOG

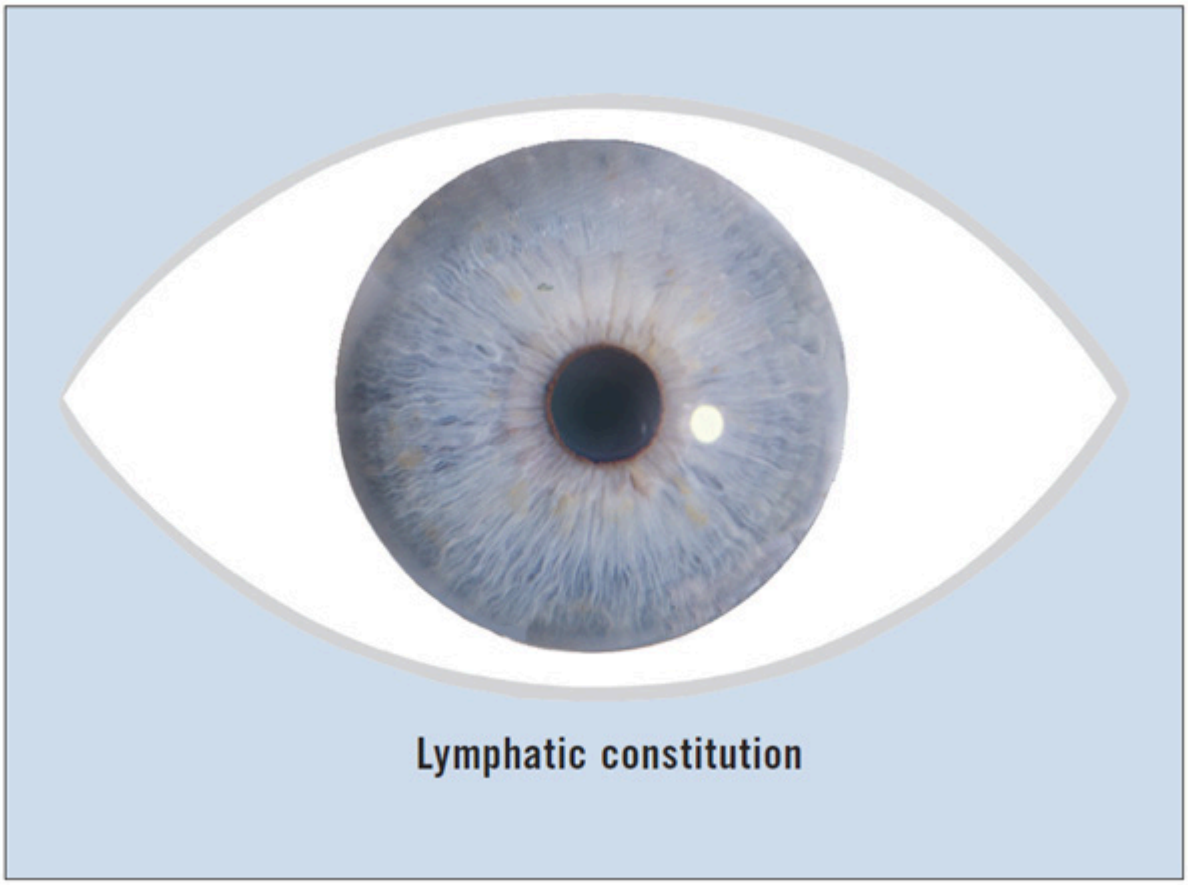
ANALYSIS AND THE IRIS

Normally, clients tend to visit an iridologist after they have received a clinical diagnosis from a doctor (otherwise, the iridologist must refer the patient to a doctor to determine a diagnosis). Iridologists do not provide a diagnosis but offer solutions to a previously diagnosed problem. However, it often happens that the iridologist does not have at his or her disposal the analyses performed at the hospital (it is estimated that only 20 percent of the patients are able to bring their lab results to an iridologist), though it is helpful for an iridologist to be able to contrast the blood, urine, and other parameters analyzed by the laboratory with the iris of the client.

We have created here a brief empirical review of laboratory analyses corresponding to the three main constitutional types: lymphatic, hematogenic, and mixed (see chapter 4). It is in no way definite but is merely a guide, and in part maybe speculation, because we would need further detail on the patients' medical histories to confirm the tendencies of the results obtained in the laboratory in relation to the constitutions of the iris and other particularities described in the previous chapters.

In spite of this, the following tables still offer a valuable contribution to iridology.

Note: Through this single observation we have verified that there is no evident connection between blood types and iris constitutions.



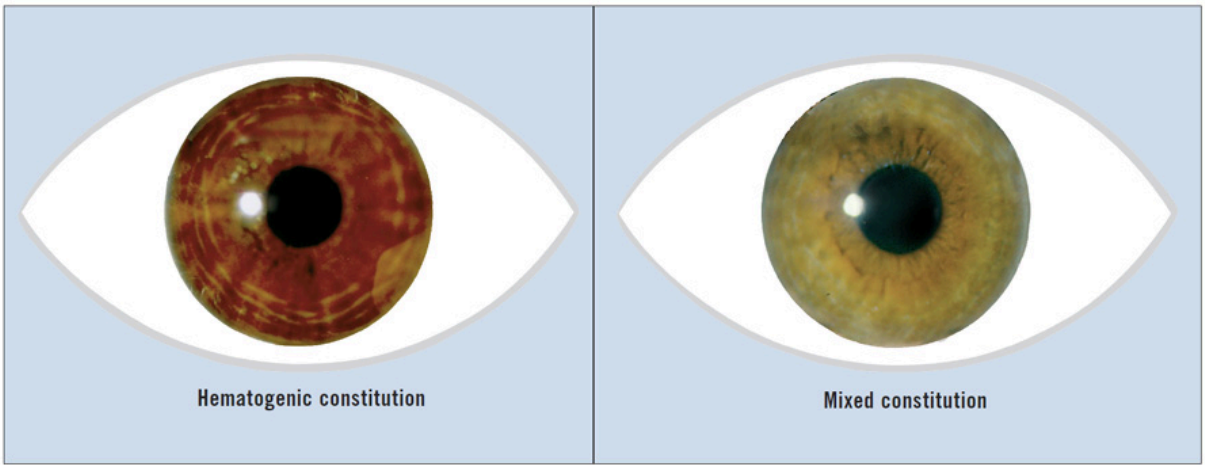
Lymphatic constitution

LYMPHATIC CONSTITUTION			
PARAMETER	**FLUID**	**REASON FOR ASSESSMENT**	**REFERENCE VALUE**
Uric acid	Plasma, urine, joint liquid	Risk of gout	Female: 120 µmol/l (7.0 mg/dl) Male: 480 µmol/l (8.0 mg/dl)
Albumin	Plasma, urine, 24-hour urine, cerebrospinal fluid	Evidence of renal alteration	Plasma: 35–50 g/l (3.5–5.0 g/dl) Urine: 30 mg/l (3.0 g/dl) 24-hour urine: 50 mg/day CSF: 100–300 mg/l (10–30 mg/dl)
Chymotrypsin	Feces	Pancreatic digestion	3–8 U/g
Creatinine/ creatinine clearance	Plasma, blood, urine	Renal lesion, renal disorder	Creatinine in plasma: female, 80 µmol/l (0.90 mg/dl) male, 105 µmol/l (1.2 mg/dl) Creatinine in 24-hour urine: 18 µmol/day (2.0 g/day) Creatinine clearance: 75–160 ml/min
White blood cells (leukocytes)	Blood, urine, synovial fluid	Urinary infection, polyarthritis, other disorders	2-year-old: 6,000–17,000/µl 6-year-old: 5,000–13,000/µl Adult: 4,000–9,000/µl Urine: negative
IgG, IgM	Blood	Chronic or recent infection	IgG: 580–1,450 mg/dl IgM: 60–280 mg/dl
Urea	Plasma, 24-hour urine	Renal disorder, hepatic disorder, trauma	Plasma: 8.3 mmol/l (50 mg/dl) 24-hour urine: 20–35 g/day
ESR	Blood	Inflammation, rheumatism, tumor	Female: 1st hour, 6–11 mm; 2nd hour, 6–20 mm (older than 50 years: 2nd hour up to 30 mm) Male: 1st hour, 3–8 mm; 2nd hour, 9–18 mm (older than 50 years: 2nd hour up to 20 mm)
Red blood cells	Blood	Varied disorders	Female: 4.1–5.4 million/µl Male: 4.5–6.0 million/µl
Cholesterol	Blood	Lipid metabolism	Child: 2.9–5.8 mmol/l (112–225 mg/dl) Female, 30 years: 3.9–6.2 mmol/l (150–240 mg/dl) Female, 60 years: 5.1–7.2 mmol/l (195–275 mg/dl) Male, 30 years: 3.9–5.7 mmol/l (150–220 mg/dl) Male, 60 years: 4.5–6.2 mmol/l (175–24 mg/dl)
TSH	Blood	Thyroid function	0.27–5 µU/ml
Free T4	Blood	Thyroid function	0.9–1.8 mg/dl
Food sensitivity test (IgG)	Blood	Chronic eczema, obesity, migraines, child hyperactivity, fatigue, aggressiveness, irritable colon, chronic rhinitis, migraines	According to Analytika parameters or others

Data obtained from Christine Schottdorf-Timm and V. Maiel, *Anales médicales.*

HEMATOGENIC CONSTITUTION			
PARAMETER	**FLUID**	**REASON FOR ASSESSMENT**	**REFERENCE VALUE**
Hydroxyindoleacetic acid	Urine	Suspicion of intestinal disease	50 µmol/day (10 mg/day)
Bile acids	Plasma, intestinal fluid, feces	Hepatic pathology	Plasma: < 6 µmol/l Intestinal fluid: < 6 µmol/l Feces: 410–1,200 µmol/day
Bilirubin/urobilinogen	Plasma, urine	Jaundice, hepatic disorder	Plasma total bilirubin: Baby, 2–5 days old, 170 µmol/l (10 mg/dl) Child and adult: 17 µmol (1.0 mg/dl) Plasma conjugated bilirubin: 3 µmol (0.2 mg/dl) Urine: negative bilirubin and urobilinogen
GGT (gamma-glutamyl transferase)	Plasma	Bile duct alterations	Baby < 100 U/l Adult female < 18 U/l Adult male < 28 U/l
GOT (glutamate oxaloacetate transaminase)	Plasma	Hepatic disease, cell lesion	Female: 15 U/l Male: 17 U/l
GPT (glutamate pyruvate transaminase)	Plasma	Hepatic alteration	Female < 19 U/l Male < 23 U/l
IgE (immunoglobulin E)	Plasma	Allergy, pinworms	Normal range, values vary according to testing method
Thyrotropes	Plasma	Thyroid pathology	Newborn: 20 mU/l Basal: 0.1–3.5 mU/l
Triglycerides	Plasma	Lipid metabolism	< 2.28 mmol/l (200 mg/dl) Child: 0.33–1.70 mmol/l (29–150 mg/dl)
Food sensitivity test (IgG)	Blood	Chronic eczema, obesity, migraines, child hyperactivity, fatigue, aggressiveness, irritable colon, chronic rhinitis, migraines	According to Analytika parameters or others

Data obtained from Christine Schottdorf-Timm and V. Maiel, *Anales médicales*.



Hematogenic constitution

Mixed constitution

MIXED CONSTITUTION			
PARAMETER	**FLUID**	**REASON FOR ASSESSMENT**	**REFERENCE VALUE**
Red blood cells	Blood	Varied disorders	Female: 4.1–5.4 million/µl Male: 4.5–6.0 million/µl
Triglycerides	Plasma	Lipid metabolism	< 2.28 mmol/l (200mg/dl) Child: 0.33–1.70 mmol/l (29–150 mg/dl)
Free T3 and T4	Plasma	Thyroid function	Free T3: 3.84–9.2 pmol (2.5–6.0 pg/ml) Free T4: 10.4–26 pmol/l (0.8–2 mg/dl)
Hematocrit	Blood	Anemia/polyglobulia	Child: normal range according to age Adult female: 0.37–0.47 (37–47%) Adult male: 0.40–0.54 (40–54%)
Hemoglobin	Blood, urine	Polyglobulia/hemolysis	Child: normal range according to age Adult female: 12–16 g/dl Adult male: 14–18 g/dl
Total cholesterol	Blood	Lipid metabolism	Child: 2.9–5.8 mmol/l (112–225 mg/dl) Female, 30 years old: 3.9–6.2 mmol/l (150–240 mg/dl) Female, 60 years old: 5.1–5.7 mmol/l (195–275 mg/dl) Male, 30 years old: 3.9–5.7 mmol/l (150–220 mg/dl) Male, 60 years old: 4.5–6.2 mmol/l (175–240 mg/dl)
HDL and LDL cholesterol	Plasma	Risk of arteriosclerosis	HDL: according to age, > 1.5 µmol/l (55 mg/dl) LDL: according to age, < 4.01 µmol/l (159 mg/dl)
Iron and ferritin	Plasma	Lack or overload	Female: 11–27 mml/l (60–150 mg/dl) Male: 13–31 µmol/l (70–180 µg/dl)
Glycemia/glucose in the blood	Plasma, blood, capillary blood, urine	Glucose metabolism	Serum: 3.89–5.55 mmol/l (70–100 mg/dl) Urine: < 1.1 mmol/l (20mg/dl) Glycemic index: fasting, < 6.7 mmol/l (120 mg/dl) 2 hours later, < 7.8 mmol/l (140 mg/dl)
Magnesium	Plasma	Cramps, heart rhythm alteration	0.7–1.0 mmol/l
Platelets (thrombocytes)	Blood	Small hemorrhage or thrombosis	150,000–400,000/ml
MCV, MCH, MCHC	Blood	Anemia from different origins	MCH: 32–36 g/dl; MCV: 89–92 fl; MCHC: 28–32 pg
Creatinine/creatinine clearance	Plasma, blood, urine	Renal lesion, renal disorder	Creatinine in plasma: female, 80 µmol/l (0.90 mg/dl) male: 105 µmol/l (1.2 mg/dl) Creatinine in 24-hour urine: 18 µmol/day (2.0 g/day) Creatinine clearance: 75–160 ml/min
Urea	Plasma, urine	Renal disorder, hepatic disorder, trauma	Plasma: 8.3 mmol/l (50 mg/dl) 24-hour urine: 20–35 g/day
PSA	Blood	Prostate-specific antigen levels	60 years old: 0–4 ng/ml 60–69 years old: 0–4.5 ng/ml 70–79 years old 0–6.5 ng/ml
Lactose intolerance test	Breath, blood	Tympanism, abdominal pain, diarrhea, nausea, fetid stools, weight loss	Increased H, low glucose level

Data obtained from Christine Schottdorf-Timm and V. Maiel, *Anales médicales.*

Footnotes

*1 Hering's law states that healing occurs from the inside out, from the head down, and in the reverse order from which symptoms appeared. — Ed.

*2 This aphorism is number 50 in book (or section) 2 of collections of Hippocrates's aphorisms.

*3 Dr. Wighard Strehlow and Gottfried Hertzka, *Hildegard of Bingen's Medicine* (Santa Fe, N.Mex.: Bear & Company, 1988), 4.

†4 Hildegard describes igneous eyes as follows: "Whoever has fiery eyes, comparable to the dark cloud next to the sun, received them naturally from the warm south wind. They are healthy, because they originate from the warmth of the fire. Dust, however, and bad smell injures them, because their brightness disregards dust and their purity neglects the unfamiliar smell." (Dr. Wighard Strehlow and Gottfried Hertzka, *Hildegard of Bingen's Medicine* [Santa Fe, N.Mex.: Bear & Company, 1988], 5)

*5 Hildegard describes multicolored eyes as "eyes like the clouds in which the rainbow is shining." These eyes comes, she says, "from the air of the various air currents, which are neither constantly dry nor moist. They are weak, because they come into being from the unstable, changing air; and, because they do not originate from fire, they have an obscure vision by warm air, whereas by pure rainy air they can see clearly; this is because they are more of a watery than fiery kind. Everything, especially bright light from the sun, the moon, lights, and from the splendor of precious stones or metals or something else, is harmful for such eyes, because they come from the air with its changing currents." (Dr. Wighard Strehlow and Gottfried Hertzka, *Hildegard of Bingen's Medicine* [Santa Fe, N.Mex.: Bear & Company, 1988], 5)

†6 In regard to bad humors, Hildegard mentions the phenomenon of a cloud on the eye: “When the brain is invaded . . . this sends bad humors to the eyes. This sweat produces the cloud, which, if not eliminated quickly, thickens and will later be impossible to eliminate. The cloud is formed from the cold humors and bile.”

This description could perfectly correspond to what we currently describe as a sodium ring (see chapter 6).

*7 First iris chart. Extracted from Homeopathische Montas Blatter.

*8 Translation by H. Lindlahr.

†9 As you can see, Anderschou’s assessment of the collarette is different from the current one.

*10 The translation of Schmidt’s charts was by Michaela Meyer, therapist (for the Spanish edition).

*11 “About the onset of disease in the two halves of the body” (Broussole) and “the right man and the left man” (Rolle): The authors describe hyperesthesia (abnormal increase of sensitivity) predominating on the right side of the body. They also mention a greater frequency of eczema, cavities, varicose veins, and sciatica on the side that is considered weak.

*12 A healing crisis could be reflected in a change in temperature, polyuria (higher-than-normal volume of urine), sweating, et cetera.

†13 A disease or beginning of a pathological crisis could be, among other things, adrenal (related to the adrenal glands), anaphylactic (abnormal and dangerous immune reaction), cholinergic (related to the acetylcholine neurotransmitter), convulsive, hemolytic, nitritoid, thyroid, or vagus (activity related to the tenth cranial nerve) in nature.

*14 Schmidt is an iridological therapist in the state of Saarland in Germany. For his work in this field, he was awarded an Order of Merit in September 2000 by President Johannes Rau.

†15 In general, lymphatic constitutions correlate with blue irises, hematogenic with brown irises, and mixed/biliary with irises of brown mixed with other colors. —Ed.

*16 These constitutional descriptions are based on the work of H. W. Schmidt

*17 These constitutional descriptions are based on the work of H. W. Schmidt.

†18 Spagyric remedies (created by the art of alchemy) are recommended for this constitutional type and give good results.

*19 These constitutional descriptions are based on the work of H. W. Schmidt.

*20 Liljequist listed salicylic acid, phenazone, arsenic, creosote (which is no longer in use as a drug), ergotamine (extracted from rye ergot), iron, iodine, mercury, opium, lead, quinine, sulfur, and strychnine (extracted from the nux vomica tree).

*21 Reinhard Ludewig and Susana Seufert, "Beethoven, Hahnemann und das Gift im Wein," special exhibition in cooperation with the Institute of Clinical Pharmacology of the University of Leipzig, May 12, 2001, to September 2, 2001, at the Saxon Pharmacy Museum in Leipzig.

*22 Linotypists in the 1970s still manipulated lead ingots.

*23 Examples of exudative diathesis include prurigo, intertrigo, lymph node enlargement, and mucous membrane enteritis.

*24 Spasmodic or rhythmic contraction or movement of the pupil, with a predisposition to be nervous and have chorea attacks (very strong involuntary contractions).

*25 The author of this book would like to point out the clear and effective natural perspective instilled in him by one of his friends and teachers: Pedro Silva, doctor and founder of the Ellen White naturopathic clinic in Viña del Mar, who worked to promote natural therapies in Chile, articulating from a scientific point of view the work of Manuel Lezaeta.

*26 The works of the late Argentinean naturopathic physician Jaime Scolnik, whom the author of this book had the pleasure of meeting thanks to his disciple and mutual friend, Francisco W. Lazzaro (a naturopathic physician in Cordoba, Spain), dedicate several chapters to questioning the vaccine policy.

†27 Here we can talk about the case of a twenty-three-year-old man who, after twenty-two rehab sessions, did not recover functional dorsiflexion ability in his right hand because of an incorrect diagnosis. Also, in elderly people, it is common to find that they use many drugs prescribed by different specialists, but there is no geriatrician to keep a record of it all.

*28 Dr. Jamieson B. Hurry, *Vicious Circles in Disease* (1911)

*29 The author learned about the works of Pierre Smith through a person he remembers with much affection, a Barcelonan homeopathic physician named Enric Peiró, who passed in the 1980s.

†30 Basal cell carcinoma displays a strong vascularization in the sclera, and intra-epidermal carcinoma displays a reddish button, et cetera.

*31 This study was carried out by authors E. S. Velkhover, N. B. Shulpina, and Z. A. Alieva.

*32 The Waaler-Rose test analyzes blood serum for the presence of the rheumatoid factor antibody.

*33 This is not a sign we will analyze in this book.

*34 Samuel Hahnemann, *The Chronic Diseases,* trans. C. J. Hempel (Ann Arbor, Mich.: Advance Publishing Company, 1889). Originally published in four volumes, 1828–1830.

*35 Peczely came to the conclusion that these spots that pigmented the iris were due to mite infections, which he associated with the psoric miasm. In his time, scabies was widespread in his home country of Hungary.

*36 The pH scale ranges from 0 to 14. A pH of 7 is neutral, a pH less than 7 is acidic, and a pH greater than 7 is basic. —Ed.

*37 Alkaline tide refers to a condition, normally occurring after eating a meal, where during the production of hydrochloric acid by parietal cells in the stomach, bicarbonate ions are secreted into the blood, causing a temporary increase in pH. —Ed.

†38 Insufficient and excessive exercise can both cause acidification. —Ed.

‡39 High quantities of animal protein in a single meal leads to greater loss of calcium ions in urine (Anderson, 1987; Kerstetter and Allen, 1990; Schuette and Linkswiler, 1982) because of an increase in the production of acid or hydrogen ions (sulfuric and phosphoric acid) from the amino acids that are abundant in animal proteins, or because of increased secretion of glucose-regulating hormones, among which we find glucagon and insulin, that is stimulated by a protein-rich meal.

While animal protein causes an acute loss of calcium through urine, soy protein has little effect on calcium loss (Anderson et al., 1987).

*40 Angelats i Albornà, Joan. *Naturoterapia: Manual de medicina natural.* Ediciones de HI, 1929. Originally published 1918.

†41 Sebastian Kneipp (1821–1897) cured his tuberculosis with naturopathy, and Baur did the same with his disabling rheumatism.

*42 Georg Groddeck, “Vision, the World of the Eye, and Seeing without the Eye,” in *The Meaning of Illness: Selected Analytical Writings*, trans. Gertrud Mander (New York: International Universities Press, 1977), page 183.

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